PSYCHO-SOCIAL CONSEQUENCES OF THE SOCIAL EXCLUSION FACING PERSONS WITH DISABILITIES IN KENYA

BY

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A thesis report Submitted to the School of Humanities and Social Sciences in partial fulfillment of the Requirements for the Masters of Arts in Counseling Psychology

(MA counseling PSY6990)

UNITED STATES INTERNATIONAL UNIVERSITY-AFRICA

SUMMER 2018
DECLARATION

I, the undersigned hereby honestly declare that this thesis research report is my personal and original work. The content of this thesis research report has not at any time been submitted to any other institution for purposes of academic accreditation or for any other purpose. This thesis research report is hereby being submitted for such purposes to the United States International University-Africa.

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ABSTRACT

PWDs are at a higher risk of experiencing psychological problems due to both their disabilities and the exclusion they face. This study, therefore, investigated the psychosocial consequences of the social exclusion facing PWDs in Kenya. The participants were made up of both females and males PWDs of the ages between 20 and above 35 from across the country. The researcher employed descriptive method of research where the aspects of the study were described as per the survey that was done by administering the questionnaires and use of the positive psychology assessment tool (DASS21). This study brought to light the realities of psychosocial consequences of the social exclusion facing PWDs in Kenya. Both from the sources of primary and secondary data, it confirmed that in deed PWDs face exclusion and this impacts on their psychological health. The study found that exclusion facing PWDs in Kenya causes stress and paranoia, the aspect of lack of socialization and interactions with peers brings forth isolation which in turn leads to depression and low self-esteem. PWDs reported lack of employment as a result of discrimination basing on their disabilities and they emphasized that they need to be treated equally because they are not less human. Therefore, there is need to include mental well-being in the rehabilitation services being given to PWDs.

Key words: disability, social exclusion, psychosocial
DEDICATION

I dedicate this thesis to my loving parents who looked and saw life beyond my disability and laid a foundation on which I have built my academic life to this far and hopefully beyond. I give it to them for their un-ending love and support that no words can describe. May God Bless Mom and Dad: Mr. and Mrs. Monah. I also dedicate this work to my therapist Ms. Lucy Kung’u who patiently walked with me in a therapeutic journey to help me understand myself better. The confidence she helped me built enabled me to come to a realization of my weak and strong points in my psychological and emotional areas of life. She stood with me through my personal struggles and without judging me, she has seen me grow into a psychologically and emotionally healthy woman.
ACKNOWLEDGEMENT

I highly acknowledge the Mwalimu Nyerere African Union Scholarship Scheme for their financial support by awarding me the scholarship to pursue my studies. Secondly, I wish to acknowledge the United States International University-Africa for the all-round conducive and accessible environment that is inclusive to Persons with Disabilities both socially, academically and beyond. Finally, I highly acknowledge my supervisor Dr. Michelle Karume for her acceptance to supervise me through the thesis research with a lot of patience and thorough guidance all through the entire journey. It could not have been successful if she did not give her time to keenly guide and correct me appropriately.
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CHAPTER ONE
INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Disability is an evolving concept which results from a number of factors including but not limited to; interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (UN Convention, 2015). In Kenya, the exact population of persons with disabilities is not substantiated, however, it is approximately 3, 280,000, and this reflects the global average of 10% PWDs world-wide (AFUB, KUB & CREAD, 2007). Kenyans with disabilities make up a big population that should not be ignored when matters affecting the Kenyan citizens are being discussed.

Social exclusion is progressively taking the place of poverty which was commonly used to define the marginalization of Persons with Disabilities. Social division and inequality that face Persons with Disabilities is seen to be rampant around the world. Kenya as a country which subscribes to many laws of inclusion is still experiencing exclusion of PWDs (AFUB, KUB & CREAD, 2007). These exclusions cover a number of areas like; social, economic, political and so forth. The exclusion facing PWDs has effects on their psychological well-being leading to a state of lack of mental stability. The psychological consequences facing PWDs due to the exclusion include but are not limited to; depression, stress, anxiety, low self-esteem, poor social connectedness, abuse, violence and distress (Madanipour, Shucksmith & Talbot, 2015).

This study therefore aimed at bringing to light how these psychological aspects are rooted in the isolation or rather exclusion facing PWDs and how they affect PWDs. On the other hand, the researcher looked forward to find out whether the psychosocial consequences are as a result of
the disabling conditions of PWDs. The sample size used may not give generalizable findings but rather have given direction to the need the study highlights. The findings also highlight the need for more sensitization and research on the same.

When PWDs are excluded from the society, there is need for concern that they are not getting adequate assistance and support. This leads to a lot of psychiatric disorders and impaired psychopathology among PWDs. PWDs who experience exclusion suffer from some kind of impaired psychological or behavioral aspects which is increased in comparison to able bodied persons (Whear et al., 2014). In most cases, PWDs who are socially excluded find it to be a big struggle to create and even maintain relationships, one tends to connect with people around them only when they are in healthy a mood and return to isolated exclusion during a subsequent low or depressed mood (Bendtsen & Tassorelli, 2013).

The rights of individuals around the globe are protected by a number of instruments like; State Constitutions, the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families among others (UN Convention, 2015).

In Kenya, the life of PWDs is defined by discrimination, prejudice, abuse and inequality. These create barriers resulting from discriminatory attitudes, abuse and violence and barriers to
access that lead to segregation and exclusion in the family context, at work, at school and in society, where disability is often seen as a burden and shameful (AFUB, KUB & CREAD, 2007).

1.2 BACKGROUND OF THE STUDY

Approximately 10% of the world’s population is made up of People with Disabilities. This translates to approximately 650 Million people with Disabilities world-wide. In Kenya, approximately 4.6% of the population live with some form of disability, majority of these reside in the rural areas and 15% of all PWDs are likely to be affected by environmental factors on a daily basis while 3% on a weekly basis (UN Convention, 2015).

Despite the many various instruments and undertakings to include PWDs in the mainstream society, PWDs in Kenya continue to face barriers in their participation as equal members of the society. The violation of the rights of PWDs in Kenya is still experienced despite the inclusive constitution and violations of their human rights in all parts of the world is rampant (AFUB, KUB & CREAD, 2007).

In Kenya, 65% of PWDs regard the environment as the major problem in their daily lives more than their impairments and it is seen that less than a quarter of PWDs are employed in public and private sectors, only a quarter of PWDs work in family businesses, but a third do not work at all (Kenya National Survey for Persons with Disabilities, 2008).

PWDs make up a reasonable population that should not be left out of any initiative aimed at transforming lives of the public. PWDs face exclusion especially in issues that are clearly indicated in laws of the countries and also international laws. Areas in which PWDs are excluded include but not limited to; education, employment, political participation, social activities,
accessibility and other forms of economic activities. Just like any other person in the general population, PWDs are entitled to equal rights (WHO & UNFPA, 2009). In a traditional understanding, PWDs are people with activity limitations and compromised functioning. This is as a result of their impairments. Disability is seen to be the loss or limitation of opportunities to take part in what is termed as “normal” community life. This is due to the physical and social barriers and functioning that indicates the body functions, body structures, activities and participations in various activities. The impairment can also be viewed as the loss or limitation of physical, mental or sensory functions on a long-term or permanent basis (Pande & Tewari, 2011).

A person with any disability is entitled to respectful and dignified treatment as well as being addressed in a manner not demeaning. PWDs have a right to access educational institutions and disability friendly facilities integrated into the society to a compatible extent with their interest. PWDs are entitled to reasonable access to all places and also access to information as well as to use any form of communication in formats friendly to their disabilities. Disability friendly communication include; Sign language, Braille and others. PWDs have a right to access materials and devices to overcome constraints arising from the person’s disability and the state should ensure the progressive implementation of the principle that at least five percent of the members of the public in elective and appointive positions are PWDs (Kenyan constitution chapter four article 54, 2010).

The United Nations’ charter gives recognition to the innate dignity and worth as well as the equal and unchallengeable rights of every human being as the basic freedom, justice and peace across the world. The UN Universal Declaration of human rights and the international convention on human rights decrees and agrees that everyone is entitled to all the rights and freedom
mentioned therein without discrimination of any kind. The universal nature of the human rights and fundamental freedom, their indivisibility, their interdependence and interrelatedness calls for the need for PWDs to be guaranteed their absolute enjoyment without any form of discrimination (UN Convention, 2015).

In 2003, the Kenyan parliament passed into law a policy documenting all the rights entitled to PWDs. This was mandated upon the National Council for PWDs to follow up and ensure implementation of all the contents of the Act. More than a decade down the line PWDs in Kenya still face a lot of discrimination amounting to exclusion from fully participating in the society. The disability Act affirms that no person or any learning institution should deny admission to a person with disability who has the capacity to acquire substantial learning in that course. The institutions shall put into consideration special needs of PWDs in relation to entry requirements, pass marks, curriculum, examinations, auxiliary services, use of school facilities, class schedules, physical education requirements just to mention but a few. On the other hand, there is need for establishment of special schools to cater for the needs of PWDs. The National Council for PWDs works with relevant authorities to have decentralized integrated systems of both special and non-formal education for persons with all kinds of disabilities including facilities friendly for their different types of disabilities (Disability Act, 2016).

PWDs have a right to a barrier free and disability friendly environment for easy access to; buildings, roads, public service vehicles, and other social amenities, and assistive devices and other equipment to promote their mobility. This should be done in a manner specified by the National Council for PWDs in their mandate to ensure adherence to the adjustment orders. This is an expectation to be met five years after operationalization of the section of the Act concerning this.
In the political arena, PWDs are entitled, following their request, to be assist by person of their choice to vote (Disability Act 2016). The polling stations should be made accessible to PWDs, on the other hand, PWDs, through the assistance of the National Council for PWDs, should get registration of organizations of or for PWDs. Any PWD who has the required qualifications of a specific job should not be denied a job basing on his or her disability. The employee with disability is entitled to the same terms and conditions of employment as well as the same enumeration as qualified able-bodied employees. On the other hand, the National Council for PWDs has the obligation to secure reservation of five percent of any type of employment both in the public and private sector for PWDs (Disability Act, 2016).

With the above clarity of the rights of PWDs in different instruments of both local and international laws there is a continuous cycle of social exclusion facing PWDs in Kenya. The researcher therefore, through a proposal that approved this study, carried out a study on psychosocial consequences of the social exclusion facing PWDs in Kenya.

Social exclusion is a killer that is yet to be faced by many researchers with clear means to deal with it. This affects PWDs and their disabling conditions that make it hard for them to reach the society hence increasing the exclusion leading to possible psychological consequences (Hollomotz, 2013). The exclusion brings the feeling of loneliness; one fears other people leading to emotional bitterness and negative self-esteem. The aspect of not getting a chance to participate in human activities leads one to ensue conflicts with the few people one is in touch with. And this leads to even greater exclusion because the person is likely to occasionally talk to or cause problems with family members (Nilsson, Avlund & Lund, 2010).
PWDs look for ways of dealing with the social exclusion from different sources like use of drugs, engaging in illicit sexual affairs when a chance comes up and many other self-destroying methods. This facilitates feelings of uselessness, diminished self-love and self-care. PWDs are prone to mood related disorders that may lead them to isolate themselves in times when they are experiencing depressive episodes. This may take a while and they may come back when their mood improves and this cycle may continue leading to major depression. When faced with intense exclusion and isolation, PWDs may tend to justify it by pretending to be comfortable while inwardly, they are aware that it is a wrong feeling thus ending up with heightened anxiety (Bendtsen & Tassorelli, 2013).

1.3 STATEMENT OF THE PROBLEM

Social exclusion facing PWDs leads to an added disability on top of the already existing impairments that PWDs have, this is termed as psychosocial disability. The aspect of psychosocial disability faced by PWDs in the society is more disabling than their impairments. This is a condition that the society and professionals have not focused on when addressing the challenges facing PWDs. This leads to exclusion of PWDs from social-behavioral perspective, political representation and participation as well as economic independence (Stein, Silvers, Areheart & Pickering, 2014).

In Kenya, the National Council for PWDs has a responsibility to ensure its representation in the implementation of the National health program run by the relevant ministry for the purpose of; prevention of disability, early identification of disability, early rehabilitation of PWDs. The challenge currently is that, there is lack of address to the psychosocial challenges facing PWDs,
there is of inclusion of mental health well-being in the spectrums of rehabilitation given to PWDs hence continued suffering of PWDs where their psychological health is concerned.

Hypothetically, collective representations, not en-joined in the area of social participation and interactions leaves PWDs with a perception and internalization of negative identity. Any individual or group of people termed as marginalized tend to have an inner non-dominant identity that encourages self-imposed and society-ascribed psychosocial disability through stigmatization and discrimination (Allman, 2013). Social exclusion faced by PWDs leads to a state of psychosocial disability. This is where an individual or group of people tend to restrict optimal use of individual and collective human agency to influence their environment. Following the societal perception about them, which they may have accepted, internalized and assumed the marginal position, they fail in self-expansion and communal expansion (Mattila & Papageorgiou, 2016). In Kenya, PWDs go through a lot of instances of social exclusion. Some of these experiences go unnoticed and even when noticed then they are ignored. Kenya being a country with an explicit patriarchal definition, men tend to be seen as authority and perfect while women are victims and carriers of problems. Any form of disability is directed towards the mother in case of a birth of a disabled child (AFUB, KUB & CREAD, 2007).

From childhood, disability is a form of “abnormality” that needs to be shun away from. Mothers are left to take care of disabled children singly since most marriages break when a disabled child is born (Rosa et al, 2016). In matters of health, PWDs face a lot of deprivation because of lack of medical insurance which comes as a result of lack of economic resources to afford the services. There is also a problem of lack of access to medical care due to disability and environmental factors hindering mobility. This, in a big way, compromises the health of PWDs.
This is brought about by factors like inaccessible medical facilities, poor public transport and lack of disability related training among the health care and other health care providers (Mushtaq & Akhour, 2016).

Children with disability end up either not going to school or joining school at a very late age, the education system is not inclusive making it a challenge for them to fit in the system hence dropping out of school or performing poorly. The special schools available are not geographically accessible and due to the poor economic conditions then affordability is a big issue. This then subjects PWDs to opt for low levels of education in vocational Centers where they lack career training (Peterman & Hoff, 2015). The cycle continues to the time of employment where PWDs in most cases lack qualifications for jobs and the few who qualify are sidelined due to the continual negative attitude towards disability as a hindrance to performance. In some instances, PWDs who get employed are not served with the same enumeration as the able bodied employees (Griffiths, 2016).

Religion is also used as a tool for discriminating against PWDs, disability is seen as a deformity that needs to be healed before one is “allowed” to participate in religious activities. They dwell so much on the physical healing as the greatest miracle and when the disabled does not receive healing then they are seen to lack faith and ignored (Scheitle & Corcoran, 2017). Reproductive health is another area of concern for PWDs especially women with disabilities. Lack of public knowledge caused by poor or no awareness creation leads to negative branding of WWDs as asexual. This, coupled with cultural beliefs brands PWDs as unmarriageable hence denying them their right to form families. Lack of inclusion of PWDs in the planning and implementation
of matters concerning their reproductive health leaves them out when it comes to the service and information delivery and this affects women with disabilities the most (WHO & UNFPA, 2009).

Lack of information in formats friendly to their disabilities leads to ignorance on their part in matters relating to their reproductive health and rights. Lack of disability friendly facilities in health care centers and negative attitude combined with lack of knowledge on the side of health care givers makes it hard for PWDs to access and use the services available for the public hence poor reproductive health (Women With Disabilities Australia, 2009). An individual’s sexual orientation coupled with a disability leads to double discrimination or even triple when one is a woman. Lack of self-esteem among PWDs who belong to the LGBTQ group is a major experience, this makes some PWDs to hide sexual orientation for fear of being rejected by friends, family, school or even bullying in the workplace. Discrimination against PWDs in this group come from both within and without the group where they expect to find support (Hunt, Milsom & Matthews, 2009).

Psychosocial disability has a number of characteristics including but not limited to; poor self-concept, low self-esteem, negatively internalized identity, poor social integration and conflicts in social relations. This further increases self-administered social exclusion, reduces quality of life and well-being and more so, the psychological or mental health challenge (Pallickal, Cherayi & Sadath, 2016).

This study aimed at showing how socially excluded PWDs are and the psychosocial consequences they live with in everyday life. The researcher paid more attention on studying exclusion facing PWDs in Kenya with support of relevant literature from societies around the world that have a similar viewpoint by drawing and analyzing data from secondary sources as
documented by different bodies and authors. The researcher then looked for possible ways by which PWDs can develop coping mechanisms. On the other hand, the researcher applied the transactional theory of stress to see the relationship between the psychosocial challenges facing PWDs and their environmental relationship.

1.4 PURPOSE OF THE STUDY

Lack of public knowledge caused by poor or no awareness creation leads to negative branding of PWDs as dependent and helpless. This leaves PWDs with psychological acceptance of the negative reception in the society. Lack of access to information on their rights leaves PWDs with an assumption that indeed they are not entitled to the same rights as people in the general population. They live with this with a lot of psychological torture, a possible cause of mental instability (Stein, Silvers, Areheart & Pickering, 2014).

This study therefore worked to bring out the psychosocial consequences that PWDs experience in Kenya as a result of being excluded from the society. The target population included PWDs themselves and secondary data was collected from studies that were carried out on the same topic and published. The PWDs who were targeted are registered with the National council for persons with disabilities (NCPWD).

1.5 OBJECTIVES OF THE STUDY

PWDs in a Kenyan perspective, are seen to be passive recipients of care and this makes them not able to make decisions affecting their lives directly especially on a personal level. The experience of being excluded from the mainstream society has impacted the psychological well-being of PWDs leading to anxiety, stress, low self-esteem, depression, disconnection from the society and psychological distress. The researcher therefore went a step to have the following
objectives to achieve during the research process;

1. To find out how social exclusion impacts the psychological well-being of PWDs in Kenya
2. To find out whether the psychosocial consequences result from the impairments or from the exclusion
3. To find out what can be done to combat the psychosocial effects of exclusion facing PWDs in Kenya

1.6 RESEARCH QUESTIONS

While doing the study to reach the above objectives, the researcher was guided by the following research questions which, after being answered, helped to reach the objectives of the study.

1. Does exclusion of PWDs impact on their psychological health?
2. Are the psychosocial consequences related to disability or exclusion?
3. What are the possible solutions to the psychosocial consequences of exclusion facing PWDs in Kenya?

1.7 JUSTIFICATION OF THE STUDY

The researcher had a desire to set an academic race where matters concerning psychological well-being of PWDs will be taken as serious as that of any other group in the society.

1.7.1 Mental health Fraternity

Mental health facilities will be one of the beneficiaries of the study because the researcher looks forward to have PWDs as a group of clients to be given attention when psychotherapy is being given to other patients.
1.7.2 Social Workers and Disability Activists

Social workers and disability activists are target groups since for a long time, they have been seen to fight for inclusion without highlighting the psychosocial consequences of exclusion.

1.7.3 Academic Researchers

The researcher also aimed at leaving a knowledge gap to be built on by successors on how different types of disabilities can be uniquely studied to find out the unique psychosocial consequences that they face that are exclusive to their particular types of disability.

1.8 SCOPE OF THE STUDY

The study was carried out on psychosocial consequences on disability as a whole and not each type of disability separately. The study also looked at different kinds of social exclusion facing PWDs in Kenya focusing on the documented/secondary data from the target published research studies done on PWDS. This helped the researcher to know what psychosocial consequences are as a result of exclusion and which ones are as a result of the disability. The researcher was able to identify an agency including in Kenya that is mandated with the ensuring inclusion of PWDs and the documented information on their achievement while counterchecking with the policies and laws in place. After finding out the loopholes, the researcher thereafter looked into the psychosocial implications of the exclusions to PWDs by comparing secondary data and the findings of the primary data.

1.9 OPERATIONAL DEFINITION OF TERMS

Disability: World Health Organization looks at disability as an umbrella term covering; impairments, activity limitations, and participation restrictions. Disability is therefore not just a health problem but a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which one lives.
**Psychosocial:** The thesaurus dictionary defines psychosocial as the aspect of or relating to the interaction between social and psychological factors.

**Social Exclusion:** The Collins English Dictionary defines social exclusion as the act of making certain groups of people within a society to feel isolated and not important. It is seen to be the failure of society to provide certain individuals and groups with those rights and benefits normally available to its members.
1.10 SUMMARY

Lack of physical access and adaptability, poor access to information and knowledge, poor access to rehabilitation services, unaffordable treatment costs leave PWDs anxious with risk to psychological instability. When there is no follow up by the relevant bodies and agencies, when discrimination is shown to PWDs when seeking address to their challenges, then PWDs feel less of citizens. The disability community views exclusion as an outcome of institutional exclusion. Institutions perpetuate exclusion through the lack of responsibility, corruption, poor accountability, preferential treatment, and poor law enforcement. The most commonly noted exclusionary practices include avoidance, rejection, bullying, and harassment. The outcomes of exclusion facing PWDs are major causes of loneliness, anxiety, depression that PWDs go through.

This therefore means that, promoting the inclusion of PWDs requires multilevel interventions that should focus on creating a barrier-free environment and instilling a culture of accessibility, reshaping social protection, enforcing disability rights laws, fighting discrimination against PWDs, organizing informative sessions at the grassroots level, improving inter-institutional collaboration, establishing collaborative ties with professionals working in the disability field and implementing interventions that cut across different sectors.

In summary, the government, government agencies as well as the national independent bodies have a role to play in ensuring that PWDs are fully absorbed in the society through their mandate to ensure inclusion. On the other hand, disability rights activists and service providers should play the advocating role to ensure that the society has awareness on inclusion of PWDs in different sectors of the society. Poor psychosocial well-being facing PWDs may be as a result of lack of access to social needs. This results from the functional hindrance that limits their ability to
take part in social roles and also inability to make decisions, choices and changes in their quality of social lives leading to poor social support.
CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

There is high need to equalize opportunities for PWDs in influencing the promotion, formulation and evaluation of the policies, plans, programs and actions. This needs to be looked at, at the national, regional and international levels to further equalize opportunities for PWDs. In order for any country to achieve sustainable development, mainstreaming disability issues is an integral part of relevant strategies (UN Convention, 2015). Discriminating any person basing on disability is a violation of the inherent dignity and worth of the human person. There is need to ensure that every country work on promoting and protecting the human rights of all persons with disabilities, including those who require more intensive support (UN Convention, 2015).

More often when matters affecting citizens of nations around the world are being discussed, matters of persons with disabilities are not mentioned, and when they are mentioned then Persons with Disabilities (PWDs) are not included in the discussions. Whilst people with disabilities legally share the same general rights as the rest of the population, it is evidence that they experience much greater inequality even after strongly fighting for their rights. This shows exclusion of persons with disabilities and hence renders them discriminated ending up with psychosocial consequences that affect their being as humans which, if not noted and addressed, can lead to mental disturbances (Disability Action, 2012).

This chapter is divided into sub-topics highlighting the aspects of social exclusion and their psychosocial consequences on PWDs. The researcher identified manifestations of social exclusion facing PWDs and their psychosocial implications. In the past, poverty and general deprivation
were majorly seen to mean social exclusion, this was how social division was interpreted. This looked at social exclusion and the related psychosocial consequences like social anxiety, depression, and low self-esteem among others. These were derived from the experiences of exclusion in areas like education, employment, public transport, social amenities among others.

Social exclusion happens when individual persons or groups of people are steadily blocked or denied equal access to a number of entitlements, opportunities or even resources that are rightfully supposed to be accessed and are available to a certain section of different group yet they are fundamental to both social integration as well upholding of human rights within the particular group in question. These aspects can be; education, employment, housing, healthcare, civic involvement, democratic participation and so forth (Riva, Montali, Wirth, Curioni & Williams, 2017). There are types of social exclusion practices that leave PWDs psychosocially affected and they are not well addressed. There is a close connection between disability and poverty, poverty is both a cause and a result of disability in the society. People with disabilities are more likely to be poor and poor people are more likely to become disabled. The psychosocial impediments prevent PWDs from taking part in the society, this nourishes negative attitude among PWDs, prejudices, stigma and discrimination. These negative experiences that come from social exclusion make PWDs to become passive targets and recipients, not stakeholders and participants, and as a result they hardly benefit from health, educational and employment schemes and are caught in a vicious downward spiral (Madanipour, Shucksmith & Talbot, 2015).

2.2 THEORETICAL ORIENTATION

Social exclusion is a very wide concept besides the minor aspect of poverty that has always been viewed as the main root of social exclusion. Having low material means or poor access to
material resources is seen to be the Centre of dividing people into groups in the society. There are, though, so many other things that are overlooked as being part of what makes social exclusion to be a negative reality in the society. In most cases, there is a fight for inclusion in terms of making facilities and facilities accessible for PWDs forgetting to look at the psychological impacts and what can be done to make equity and equality an all-round experience with a healthy mental dimension (Rosa, Bogart, Bonnett, Estill & Colton, 2016). Besides the low material means, there are other aspects like; inability to take part in effectively in economic, social, political as well cultural activities of life. These are some of the characteristics of alienation and distancing some groups of people from the rest of the mainstream population.

With a proper theoretical basis, it is easy and also manageable to come out with a clear understanding of what leads to social exclusion as well as the role of the victims in their own exclusion (Pfundmair, Aydin, Yeung, Frey & Graupmann, 2015). This is always a good ground to rely on when coming up with propositions of what needs to be done as well as what are the psychological consequences of the social exclusion to the victims. This study therefore, looked at social exclusion within an orientation of the persistent and systemic multiple deprivation as opposed to poverty and some short lived disadvantaged experiences as the Centre of confirming existence of social exclusion (Rosa et al., 2016).

In this case, the researcher used the transactional theory of stress to capture the psychological consequences and also the role of the victims in their own social exclusion. The aspects of disempowerment, alienation and deprivation can play a leading role to know the psychosocial consequences and the link they have with social exclusion. This helped in identifying the exclusion problems and also the way they result in the psychosocial aspects on the lives of the
victims: PWDs in this case (Deranty, 2013). The sources of the problems are mainly the individual themselves, the families, the neighborhood, the society, the government as well as the agencies charged with the responsibility of ensuring inclusion. Social exclusion needs a three dimension view unlike the common poverty related view which has always left out some important contributions. This is what has led to the birth of the disability movement which in some ways can be seen to be playing a role of detaching PWDs from the mainstream society than fighting to be included into the society (Riva et al., 2017).

This study showed the process of exclusion aiming at identifying specific factors that lead to experiences of social exclusion as well as touching on ways out of exclusion thus leaving room for more academic research on ways to get lasting solutions to social exclusion in order to realize inclusion.

2.2.1 Transactional Theory of Stress

The transactional theory of stress brings to light the model in which interactions in two different directions are considered together. This can well be seen in acts in a relationship from one person and back or even one system to another and back as well making it a transactional kind of interaction. In the transactional model, there is a focus on stress and coping, this brings out clearly that stress is a daily experience in the society that every person deals with (Ramírez, Javier & Campayo, 2011). The theorists had a desire to look into the transaction nature of stress, which is between a person or group of people and the environment. When considering transaction theory of stress, focus is put on the amount of demands placed on an individual and the amount of resources that the person has to deal with the stressful demands. This can lead to the stress being either avoided or abundance to an individual (Mushtaq & Akhouri, 2016).
The theory has four steps; primary appraisal, which analyses whether a particular situation is affecting the people involved in a personal way. The mind is able to determine whether a certain situation is significant in bringing about stress, this is counterchecked by looking at whether the event is significant, whether it is a desirable experience and whether is threatening or harmful. At the secondary appraisal stage, this is where an individual starts to look out whether they can deal with the stressing experience with the aim of getting positive results. Here, there is a check into what resources an individual has and whether they are enough to deal with the stressor. The problem based coping then comes in and one is able to control the occurring situation. This is when one can manage the situation and come up with positive outcomes. At this point, one is able to even find other skills to deal with other situations that may arise. Emotional based coping happens when an individual finds that they have little control over a particular situation and they cannot find the cause of the problem. This is when one now resorts to use of emotional ways to cope with the situation. This can be done in a number of ways like avoiding some situations, giving a distance to some events as well as reaching for emotional help from the people around (Ramírez & Campayo, 2011).

In the disability field, it is seen that a wide range of coping mechanisms are applied. The cognitive approach is the main approach in this case where it is good to look beyond what resources an individual brings to bear upon them, but it is equally important to examine an individual’s interpretation of those events when examining the stressful events. The theory has a comprehensive framework that helps in understanding stress and coping processes in the case of PWDs as well. This theoretical framework looks at person environment interaction. This then leads to identifying of the variables and hence identifying stress-appraisals and coping with disability related stress (Livneh, 2013).
2.3 Aspects of Social Exclusion Facing Persons with Disabilities

In a research carried out by Jose, Cherayi and Sadath (2016) in Kalkota India, when looking at the identity mediated psychosocial disability, they found that coping with disability in a society defined by social exclusion comes with a lot of stress. A close look into the nature of the stress as well as coping strategies is important in determining the extent to which the distress has affected the individual as well as coming up with proper coping mechanisms. Major stressors which lead to distress are seen to be ego-related stressors, inability to fulfil traditional gender roles, problems in interpersonal relationships with family and others, physical barriers and deformed body image. Disability problems are spread all over the world, this affects the individuals in a number of ways in different areas of life. On the other hand, Pande and Tewari (2011) in two separate studies on coping with physical disability within the multivariate transactional model of stress found that, when PWDs are compared to people without disabilities, it is clear that PWDs are exposed to many stressors which are complex and multi-facet affecting; health, well-being, quality of life and overall adjustment with disability with the nature of the stressors not being so clearly understood.

A study was done by Nilsson, Avlund and Lund (2010) in Namibia on the experiences of social exclusion of individuals with visual impairment as they negotiate their daily lives in their homes and societal settings. The target group was in the Oshana and Oshikoto regions, the findings that were gotten expressed that the distress experienced by PWDs is an outcome of a complex relationship between personal and situational experiences. This makes it possible to hypothesize the state of disability as a potential stressor and understand how such aspects of a person’s life like; age, gender, education, socio-economic status, age of disability onset and health accompanied with some experiences like; societal attitudes towards disability and restriction due to physical disability contribute to distress experience and coping among PWDs.
Another research by Mladenov (2015) on the negative impact of productivism on disabled people of working age in the post-socialist region of Central and Eastern Europe concluded that PWDs face the hardest feel of lack of employment, this is related to economic resources and productivity. This in most cases is due to being disadvantaged in other areas of life like education. More PWDs live in poverty as compared to able bodied persons making disability to be both a cause and result of poverty. This is coupled with a restricted career opportunities in relation to the nature of their disabilities, disability socialization experiences and also lack of role models and mentors.

2.4 Psychosocial Factors Affecting Persons with Disabilities

According to Rosa, Bogart, Bonnett, Estill and Colton (2016) it was found that there is a high level of distorted sense of self-esteem, high level of stress, anxiety and depression among PWDs. Any person having any kind of disability faces a lot of limitations in interacting with the society in which they live at one time or the other in their daily lives. This denies the individual some form of independence hence limiting the individual’s opportunity and creates frustration which has a lot of negative impact to one’s mental well-being. On the other hand, it also creates a sense of prejudice among disabled and able bodied people in the society making co-existence to be hard. This was in a study carried out on exclusion from social security in Norway.

2.4.2 Depression

According to Bendtsen and Tassorelli (2013) in a study carried out on the European concept of social exclusion in the United Kingdom, it is clear that depression is a psychological illness that affects the whole person; their thoughts, feelings, behavior, and physical health. This is a reason why some PWDs experience needless pain for that may not be as a result of their disability. The first thing, all these psychological challenges are as a result of the thoughts of the
challenges they go through. Mobility is a common challenge to people of all kinds of disabilities, the need for assistance to move around comes with a lot of frustration. The challenge of accessibility like; transport, buildings, public transport and so forth is a disturbing experience. The social barriers, the social isolation are some experiences that leave PWDs with a lot of depressive thoughts. Allman (2013) carried out a study on inclusive accommodation in the United States, the findings were that, when issues of education and employment are thought of in relation to disability, then PWDs are more affected psychologically due to the desire for independence and lack of the ability. Health is another worrying aspect of life of PWDs since it comes with a lot of expenses and movements coupled with lack of basic disability knowledge among the health care givers. This study therefore will base on the experiences of exclusion and isolation of PWDs in order to find out the effects of the psychosocial consequences.

Depression is a common and serious problem facing most PWDs, a depressed individual feels very low which hinders his or her activities of daily living. Disability is a risk factor for the development of depression with either mild, moderate or severe symptoms. PWDs are at high risk for depressive symptoms and major depressive disorder which is characterized by mood disturbance, moderate depression, severely depression and extreme depression. This was according to a study done on psychosocial experiences of chronic illness in adults with intellectual disabilities in United Kingdom (Livneh, 2013).

In another study, Pande and Tewari (2011) added that the social exclusion facing PWDs increases the levels of depression that is already possibly present due to the disabling conditions. The exclusion leads to the feeling of inadequacy due to the tight relationship between physical, social and mental functioning in PWDs as it is the case in the general human population. Any
aspect of a sense of negative physical, social or sensory deficiency disturbs one’s overall psychological functioning by creating an obstruction in normal flow of such processes. This in the long run is seen to be leading to a negative experience of the world, which is distinct in context. PWDs experience low social interaction and acceptance in the society in which they live, this is a clear indication of their low frustration tolerance levels.

When finding out the effectiveness of working on rehabilitation and disability in the United States, Mushtaq and Akhouri (2016) found that depression is common among PWDs, the aspects like race, gender do not make the depression disparity any different among PWDs. PWDs face a lot of biological, social, economic and psychological challenges which increase their vulnerability to depression. Lack of ability to perform gender roles and social isolation or exclusion contribute to depression among PWDs. This is to a higher extent related to low levels of supposed control, lack of support groups, little access to income, poverty as well as abuse. On the other hand, Kummitha (2015) carried out a research on social exclusion from a sociological perspective among Women with Disabilities in India and came up with findings that depression and disability are intertwined because the somatic depression principles are common symptoms of disability. This is because depression has a connection with conditions that go along with disability like; cerebral involvement and medication underlying diseases. Factors like social isolation, lack of intimate relationships, and poverty among others play a role in high levels of depression among PWDs. These are things that are under detected and underrated when addressing the needs of PWDs.

**2.4.3 Stress and Anxiety**

When looking at the level of stress found in the general population in the society, PWDs record higher levels of stress than those without disabilities. This is due to their disabilities coupled
with social aspects of poverty, social exclusion, violence and all sorts of victimization and discrimination. Their stress related to social exclusion is fueled by a lot of factors like; low or no income, poor or no education, being less likely to get marriage partners or even to get jobs, less or no access to disability benefits in the society. This was presented by Bendtsen and Tassorelli (2013) in study carried out on the European concept of social exclusion in the United Kingdom. Mushtaq and Akhouri (2016) in their study also found that stress among PWDs is associated with greater depressive symptoms, less satisfaction with life, low levels of health assessment, poor integration in the society and lack of social support. The social exclusion that PWDs go through has roots in negative health consequences, increase in functional disability and other underlying diseases.

Most PWDs experience anxiety due to loss and as well as due to the changed behaviors of people around them. Disability is commonly associated with vulnerable self-esteem which then makes the individual to constantly face episodes of anxiety in daily life. This, to a greater extend, affects those who acquired disability later in life because they happened to have been ambitious and could have achieved their life goals easily in the absence of their present disability. The psychosocial problems in PWDs are high when compared to able bodied people. In any instance where PWDs interact with able bodied people, there are common exclusion experiences which lead to symptoms of anxiety and depression (Pande & Tewari, 2011).

2.4.4. Self Esteem

Hall (2017) in a study on psychology education about disability, focused narrowly on psychiatric and cognitive disabilities in the United States. The study found that self-esteem is measured by an individual’s ability to evaluate their self-image either in a progressive or regressive
manner. When referring to disability, self-esteem is seen to be the ability of the disabled person to evaluate their capability to perform in the society.

When one has low self-esteem, one’s human balance and vitality are affected and this has a negative influence on the efficacy, efficiency learning and creativity as PWDs. This makes a disabled person to feel inadequate, guilty, shy, socially inhibited, poor independence, helpless, masked hospitality, withdrawal, complainer, tendency to downgrade others, reduced ability, accepting unfavorable assessment as accurate, vulnerability and finally interpersonal problem (Hall, 2017). The major and most disastrous result of a defected and inefficient self-esteem is the aspect of slowed personal function and person's reduced self-efficiency. The defected sense of self-esteem deprives PWDs the urge to use their complete mental and intellectual power. This was according to a study carried out by Warner, Scott and Adams (2016) in Mexico on physical disability and increased loneliness among married adults. Self-esteem and body image for PWDs go together, this is in line with the physical health having a positive significant relationship with self-esteem and assessment of oneself hence a decrease of self-esteem in the existence of a disability (Warner, Scott & Adams, 2016).

Peterman and Hoff (2015) in the study on women with and without intellectual disability in Ireland, found that, self-esteem plays a very vital role in the mental health of an individual as well as the balance of an individual’s personality by taking the central role in the psychological well-being of people with any form of functional limitations including PWDs. This can be said to be at the core of an individual’s life and is referred to as the psychological resource. The study also found that this resource can be threatened when there is a presence of poor health, lack of access to resources, reduced functional limitations associated with coming up of secondary hindrances
like, pain, isolation, fatigue among others. The way one evaluates themselves is important to one’s ability to adjust and function in the society (Peterman & Hoff, 2015).

PWDs face problems related to self-esteem in a number of ways, this results from issues like lack of employment opportunities which is attached to poverty. The disabling conditions of PWDs play a small role in matters of low self-esteem. The main contributor is the contextual like physical, social and emotional dimensions of the disability, these are the aspects that affect the sense of self of the individual PWDs. This was as per the study carried out in India on the Indian social reality of exclusion by (Bendtsen & Tassorelli, 2013).

Among PWDs, self-worth can be contradicted by internalizing the valuation that the society assigns disability. Disability on its own is a stigmatizing experience, when put together with social exclusion and social devaluation then it has a strong impact on the sense of self in a profound way. This is because the identity of any person may develop basing on how they feel others evaluate them, if they are included, they feel a sense of worth at a high level, when they excluded then they shrink away and develop low self-esteem. This is similar to looking into other people’s eyes to do an assessment of our own self which in the long run has a strong impact on the self-esteem (Livneh, 2013).

### 2.4.5 Social Connections

Pallickal, Cherayi and Sadath (2017) found that relationships are important aspects of life for any individual or group of people, when people are excluded basing on their different status, then this brings about a sense of lack of belonging. Intimate relationships and any other form of being connected and supported in the society is seen to be a big source of self-worth for PWDs. Social exclusion, on the other hand, has been greatly associated with a lot of health problems and
also psychological instability and mortality. The physical restrictions that most PWDs go through as a result of mobility limitation and pain may be a cause of discouraging them from making social networks with people in the society (Jose, Cherayi & Sadath, 2016).

A combination of environmental barriers, negative societal feedback and messages as well as diminished social activities are causes of disconnectedness facing PWDs. These lead to isolation and loneliness hence thoughtful lives that contribute to poor mental stability because of the link between social isolation, stress and depression (Pande & Tewari, 2011). This denies them even a chance to experience intimacy and get employment opportunities. When PWDs are able to form and join groups, this reduces isolation and stress because they are able to share their experiences in life with others and also learn coping mechanisms. This, therefore affirms that self-esteem is associated with greater integration in social networks (Mushtaq & Akhouri, 2016).

2.4.6 Abuse and Violence

Astbury and Walji (2014) carried out a research on Health, Disability, Psychological Well-Being, and Depressive Symptoms among Older African American Women. The findings were that, PWDs are faced with numerous forms of abuse and violence, these range from dating violence, domestic violence, incest, abuse by care givers and health care providers, sexual assault, rape among others. These, in most cases happen to them from abled bodied perpetrators. These forms of abuse and violence are disability related and in most cases, for being dependent on others for assistance even with personal care, dressing, toileting, accessing assistive devices, accessing medical care and so forth. This is a traumatizing experience since they have to continue depending on others hence making the possibility for continual abuse and violence to be a reality.
The violence faced by PWDs in the hands of the people they depend on may make them to shy away from asking for help when needed especially with mobility. This, in the long run, makes them to be even more isolated and excluded. This was according to a study by Ballan et al (2014) in North Carolina on Abuse Disability and Depression. This is because the violence is linked to other psychosocial challenges like greater social exclusion, less social support and high level of stress and depression all in an individual. This is contrary to the common belief that disability serves as a protective factor for PWDs, in real sense, it is a source of exposure to vulnerability.

When it comes to abuse and violence, it is even more worse that PWDs cannot report because the same people who abuse them are the same people they depend on for mobility and even communication depending on their type and level of disability (Astbury & Walji, 2014).

2.5 Disability and feeling of Distress

Emotional distress has strong roots in stress, depression, anxiety and any other form of psychological disturbance that affects PWDs. This is called nonspecific psychological distress resulting from stressful events. PWDs are at a high risk of acquiring psychological distress as compared to the rest of the population. The psychological distress results from stressors that are related to the aspect of having a disability which are chronic hence leading to distress which gets intense when they are coupled with social exclusion (Livneh, 2013). Women with Disabilities experience more intense psychological distress than men with disabilities due to the aspects of social exclusion both basing on gender as well as disability. Social exclusion is seen in various ways like poor or lack of access to education, employment and these contribute a lot to psychological distress (Warner, Scott, Adams, 2016). On the other hand, health status of persons with disabilities leave them out of participation in a lot of social activities and this leads to
psychological distress because of the feeling of isolation and marginalization. When a person with disability cannot mingle with other people and they are left out of important social activities, they end up feeling the loneliness which comes with a lot of self-defeating and judging thoughts that leaves them with a low level of self-worth hence leading to psychological distress. Distress related to health also has roots in the aspect of the already existing vulnerability and lack of resources to take care of their health (Pande & Tewari, 2011).

There are other experiences like the societal attitudes and the restriction that comes with the disability that heightens the level of psychological distress among PWDs. Though the restriction on mobility in most disabilities is common and an inevitable experiences, this does not mean that PWDs are comfortable with it, they in fact feel left out or rather excluded from the mainstream society and this affects their mental health so much. This results from the feeling of inadequacy, loss of control and helplessness which take on the characteristics of unfamiliarity and ambiguity in the minds of PWDs no matter how long an individual has been disabled (Allman, 2013). When looking at the societal attitudes, able bodied people often express a lot of discomfort while interacting with PWDs. This has its origin from the closest social unit like the family, among peers and so forth, within the family, the family members are seen to differentiate their own disabled member from the nondisabled in terms of feelings of distress and unhappiness and surprisingly, believed that these members could do nothing to earn their livelihood then ending up making the disabled person to feel less of a human rather than experience the feeling of belonging (Pande & Tewari, 2011).

These attitudes gradually get integrated in the self-concept and lead to psychological distress in the disabled person. In conclusion, the transactional theory of stress states that neither
the individual characteristics nor the social and physical environment, but an interaction of individual’s condition and multiple contextual variables shape the experience of disablement and presence of psychological distress (Warner, Scott & Adams, 2016).

2.6 CONCEPTUAL FRAMEWORK

This study claimed that social exclusion facing PWDs leads to psychological challenges, those affected experience stress and anxiety, depression, distress and low self-esteem. This happens when they are isolated from participating in the society in a number of ways like education, employment, intimate relationships and so forth. The background factors are; whether the PWDs live in the rural or urban areas, this determines the environmental causes of the psychological challenges in terms of culture, access to services and self-help groups. Level of education, economic status which determines whether the PWDs are dependent on people or independent and this leads to stress, anxiety, depression and more effects on the psychological well-being. People that the PWDs live with determine the types of relationships and the impact on their psychological health. Marital status is vital since it is a natural human need to want to belong, to be loved and to be intimate, lack of this leads to feelings of loneliness which have negative impact on the psychological well-being of PWDs. Nature of mobility determines how PWDs are free and independent to move around on their own, depending on people to move around and also to do chores including personal care comes with inferiority feelings to PWDs denying them the rights and freedom to ask for help whenever they are in need.

The independent variables being disability and gender are the main determinants of the psychological challenges facing PWDs, women with disabilities are at a higher risk of poor mental health. This is due to the double stigma of being women and having disabilities. In many cases,
the disability issues are always given an umbrella approach which is seen to be a male dominated approach with no specifications for gender balance. On the other hand, having a disability comes with a lot of challenges due to the limitations that PWDs face hence effects on their mental health. The dependent variables being depression, stress and anxiety, distress and low self-esteem are determined by the background variable and the independent variables as shown in the diagram below.
2.7 SUMMARY

Disability automatically leads to dependence in one way or the other, this leads to the disabled person feeling frustrated, stressed and anxious. These feelings make one a victim of low self-esteem. This makes depression to be an easy psychological issue for PWDs to acquire. When compared to the rest of the population, PWDs are higher on the levels of stress, anxiety and depression because of their helplessness, hopelessness, frustration, sense of dependence, loss and changed behavior of people around them and more so social exclusion. They are always occupied with thoughts of how better their lives could be if only they had no disability, this is because they know that they cannot achieve their desired goals because of their disability and this makes them feel much more depressed. They do not feel to be fit in the society of what is termed as “normal” people.
Most of the time they are faced with hard time when trying to interact with the society. Their inability to support themselves with their daily needs makes them lack a sense of dignity for constantly asking for help especially when the givers of the help are not always willing and ready to help. The feeling of being overly dependence leads them to ask for help from random people hence ending up exposing their vulnerability to many people around them then ending up lacking some sense of personal privacy and feeling of being respected. This, to a greater level, leads to frustration which is a major cause of stress and anxiety. Physical unattractiveness is also an important factor that leads to depression in PWDs, this is one thing that makes them to always feel different and not good enough or even worth of respect hence a distorted self-esteem. The low levels of self-esteem result from the feeling of inadequacy, guilt that makes them feel like it is their fault, shyness, social inhibition, dependency, helplessness, withdrawal, disguised hospitality among others.

The feeling of being less efficient than the able-bodied and lack self-confidence leaves PWDs with anxiety and fear of societal judgment as well as being labelled sing their disability or even their need for help or dependency. They are not able to easily trust people around them and even themselves with their abilities. Losing their sense of motivation is very common and easy and are not able to express themselves in the presence of able bodied people. This can possibly increase the levels of depression, stress and anxiety and decreasing level of self-esteem. When PWDs are socially excluded, they start thinking of themselves as useless, they start losing self-confidence as a result their motivational level and the belief on their abilities decline. This fills them with negativity and this negative self-image will be the reason for low level of self-esteem.
On the contrary, when they learn to start living with their disabilities and accept the fact that they are not less fortunate than others and stop blaming themselves or others for their disability they are able to adapt with the situation effectively and as a result their self-esteem starts enhancing and the level of depression, stress and anxiety starts declining. The society among which PWDs live needs to be educated to change their attitude towards the disabled, as well as the disabled people also need to change their own attitude towards themselves.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 INTRODUCTION

There is need to ensure that positive psychology and disability live in harmony, this can be achieved by doing comprehensive research and presenting the findings to relevant stakeholders for implementation. If the positive attributes of disability are looked at, as well as finding ways of handling the negative aspects, then we can be able to deal with the psychosocial consequences of social exclusions facing PWDs in Kenya. There is a need to work on paradigmatic change of how disability itself is understood, leading to the opportunity to focus on research and practice regarding positive psychology’s emphasis on optimal human functioning to understand and support PWDs (Shogren, Wehmeyer & Buchanan, 2006).

The researcher therefore did a synthesizing research in different areas of positive psychology like; happiness, satisfaction with life, positive and negative experiences and so forth. This was with an aim of enabling the beneficiaries of the study to work on transforming the lives of PWDs in aspects like; quality of life, satisfaction and well-being, hope, optimism, resilience, coping, and self-determination. The researcher therefore developed a proper way of addressing systemic applications in positive psychology to disability and also to provide information on issues pertaining to thoughts, positive behavior supports, supported employment, education, family systems, and during aging. All these are areas that can be covered if the implementers of the findings of this study dedicate their efforts well.

The researcher also acknowledged that there is need to work on other aspects like addressing the knowledge base pertaining to the positive psychology of specific types of disability,
including cognitive and developmental disabilities, physical disabilities, emotional and behavioral disabilities and autism spectrum disorders. This therefore is a research gap that the researcher is creating for future researchers in their studies to build on.

This chapter aimed at bringing out the nature of the research methodology in aspects of; research philosophy to be used in the study, research design, target population, sampling design, sampling frame, sampling technique, sample size, data collection method and tools for collecting data, research procedures to be followed, pilot study, reliability and validity of the instruments, administration, ethical considerations and data analysis method.

3.2 RESEARCH PHILOSOPHY

In this study, the researcher’s important assumption was that the exclusion of PWDs is the cause of the psychosocial challenges they go through. Carrying out this study was then to bring out the extent to which the researcher’s assumption is true or otherwise. This is because there is need to replace epistemology-what is commonly known to be true, with doxology-what is believed to be true (Hathcoat & Meixner, 2017). This was the reason for the researcher to choose pragmatic research philosophy in this study, this is because the researcher wanted to have concepts that will support the action of finding and affirming the relationship between social exclusion of PWDs and the psychosocial challenges they go through. In pragmatic philosophy, there are many ways of interpreting occurrences as well as understanding research. There is no single point of view to be used to give a clear solution; indeed, there are many faces of reality. In the field of disability, there is a common relationship of disability related challenges to poverty. This study brought social exclusion to the light as a major contributor to the psychosocial challenges facing persons with disabilities.
3.3 RESEARCH DESIGN

The researcher used both quantitative and qualitative research designs in collecting data from the respondents and the target published work on similar topics as indicated in the literature review on the study. The researcher collected data from journals that have documented studies on disability, exclusion and psychological impacts. Primary data was collected from PWDs who are registered with the NCPWD. The approach of the researcher was based on social constructivism perspective. This perspective says that reality is relative (Daas, Ossen, Vis-Visschers & Arends-Tóth, 2009). The researcher looked at this in relation to the fact that disability has many faces hence the need to know both the general presentation of literature on disability and psychology as well as the real experiences of PWDs and psychology hence the choice for both primary and secondary data.

The researcher therefore present the two faces of reality on disability and psychology. In research, secondary data is found in; government institutions, organizational records, data collected for other research while primary data is collected directly from the sampled population (Shaw, 2013). Basing on that, the researcher therefore collected secondary data from other research studies that have been done on the topic and primary data direct from the selected PWDs who are registered with NCPWD. Both the primary and secondary data that was collected from used both the quantitative and qualitative designs.

3.4 TARGET POPULATION

The researcher carried out the study among PWDs registered with the government agency mandated with the responsibility of ensuring implementation of the 2003 Disability Act. The PWDs who participated in the study have different types of disabilities ranging from; physical
disability, hearing impairment, visual disability and mental disability. The studies that the secondary data was collected are found in psychology journals from studies that were carried out on topics similar to this. The data was collected in form of:

3.4.1 Primary Data

Primary data for the research was collected from PWDs who are registered with the NCPWD. This population was made up both male and female, different occupations, ages, marital status and types of disabilities.

3.4.2 Secondary Data

On the other hand, the researcher collected secondary data from studies that have been done in countries around the world. The studies focused on the psychological impact of the social exclusion that face PWDs. This is as reviewed in the supporting literature of the study.

3.4.3 Categories of Respondents

The respondents were participants of ages 18 years and above. Both female and male with different types of disabilities; physical and mental.

The respondents were from different spheres of life; different educational levels, varying social status, cultural backgrounds. Another interest of the researcher in data collection was when the disability was acquired. This was done in a way that captured general experiences in life, medical or health services including psychological well-being of PWDs. From the published studies, the researcher looked at the documented information on the aspects of exclusion and psychosocial challenges faced by PWDs in different areas of life. On the other hand, there was a provision for more additional comments by the respondents where they gave their detailed views on the psycho-social experiences of PWDs far much as social exclusion is concerned.
Information that was collected from the previous studies was used to determine how the psychosocial challenges affect PWDs in their daily life activities as well as their different types of relationships. The researcher chose the published studies because there is a range of scope of the studies that cover the different psychological aspect of PWDs in relation to exclusion. The other reason for the researcher choosing the previous studies was because the data was reliable in answering the research questions hence achieving the objectives of this study.

3.5 SAMPLING DESIGN

The researcher employed Purposive sampling design to carry out the study. This is a non-probability sampling design that is picked basing on characteristics of a given population as well as the objectives of the study. The goal of purposive sampling design, unlike the case of probability sampling, is to pay attention on particular specific traits of the population. This gives a good way to answer the research questions clearly (Palys, 2008). The researcher did a personal judgment on how well the target respondents are suitable to give information that is aimed at answering the research questions and reaching the objectives. The researcher reached to a decision on the participants by use of expert sampling technique of purposive sampling design which included consulting experts in the field of disability. This was done by checking on the list of Disabled People’s Organizations (DPOs) in Kenya and picking the ones that are well directed towards addressing the case of inclusion of PWDs hence the consequences of exclusion facing PWDs psychosocial consequences being the main target and that is why the NCPWDs registered PWDs were arrived at.

Purposive sampling design relies on the researcher’s own judgment in the process of selecting the target units like people, institutions, events or even pieces of data that the researcher
aims at studying (Barratt, Ferris & Lenton, 2014). In this case, the sample population is usually small unlike in the case of probability sampling techniques. After identifying the target population, the researcher took a step of approach to them through their different social media platforms and social networks. This was followed by email communication on the aim of the study, consenting to participate, sending them the questionnaires and the debriefing form after they sent in their feedback. The researcher used the positive psychological scale/tool as a secondary data collection tool ensure that the data collected measures up to answer the research questions and reach the objective of the study. The tool was also used on a number of clients in primary data collection to measure the levels of depression, anxiety and stress.

3.6 SAMPLING FRAME

The researcher selected the PWDs registered with the NCPWDs from a list of other organization; Motivation Charitable Trust, Kenyatta National Hospital-KNH orthopedic department, Kenya Institute for Special Education-KISE and Kenyan Medical Training College-KMTC. The other institutions on the list were targeted but the researcher picked the PWDs registered with the NCPWD because it a government agency that needs to consider psychological well-being of PWDs as one aspect of inclusion which is the mandate of the NCPWD. KISE does not have documented data and the psychological department does not deal directly with PWDs, KMTC on the other hand does not have psychology included in the education they give to the students who study orthopedic technology. Motivation Charitable Trust was the first option of the researcher but due to issues concerning the time duration of the data collection coupled with mobility challenge and the location of the organization, the researcher changed and settled for PWDs registered with the NCPWD and previous studies.
Another consideration for choosing PWDs who are registered with the NCPWD is because the researcher looks forward to approach them and present to them the findings to challenge them to incorporate the results in the activities since they are in a good position to take reliable action.

3.7 SAMPLING TECHNIQUE

Non-probability sampling technique is what the researcher used in the study. Non probability research technique is where the target samples are reached at in a process that does not open a chance for all the individual units in the entire population to be selected (Golinelli, Tucker, Ryan & Wenzel, 2014). The choice to use non probability sampling technique was due to its nature of being generally practical. This, in relation to finding the psychosocial consequences of the social exclusion facing PWDs, the researcher had full opportunity to choose who to participate in the study. Unlike probability sampling, non-probability sampling is less expensive, not time-consuming, and not labor intensive thus makes it more manageable (Yang, Banamah, 2014).

Non probability sampling is mostly used in exploratory research and to generate qualitative data. The researcher responsible is able to gather archived information as well as exploring uncommon facets of a target population. This is because non probability sampling technique looks into the details of individual research subjects and not in the general population (Rachel, Pruchno, Lemay & Levinsky, 2006).

3.8 SAMPLE SIZE

Due to the limited financial resources to carry out the study in an extensive way, the researcher therefore employed a number of aspects to arrive at the target population. The target population was made up of 25 PWDs who are registered with the NCPWD. This is a semi-
autonomous government agency whose duty is to ensure that issues of PWDs are addresses in relation to the 2003 Disability Act as well as the Kenyan constitution. The participants were picked purposively from among other PWDs who belong to other non-governmental organizations because of there is a possibility of ensuring implementation of the findings of the study. Among the 25 respondents, 17 filled the data collection questionnaire while all 25 responded to the Positive Psychology Assessment tool (the DASS21).

3.9 DATA COLLECTION METHODS

The researcher, having chosen to carry out both quantitative and qualitative research for this study, collected secondary data from previous studies on disability and exclusion as well as collected primary data from PWDs by use of a questionnaire. Quantitative data is data that involves numerical aspect while quantitatively, it is data that approximates the aspect (psychosocial consequences in this case) without measuring the attributes, characteristics or properties of a given phenomenon (psychosocial consequences in this case) (Susan, 2011). The researcher analyzed both the data by using the SPSS software version 24 also made a descriptive analysis of the non-numerical data by use of content analysis as a method of qualitative analysis method. The findings were presented in tabular form and descriptions of the tables’ contents. The data collection was carried out from PWDs in two ways; 17 respondents filled in the questionnaires only and all the 25 participants were taken through the Positive Psychology assessment (the DASS21).

3.9.1 Positive Psychological Assessment

A Positive Psychology Assessment tool is a tool used to measure well-being. It is a structured instrument with guided questions to ensure that the researcher and the respondents adhere to the relevant issues of concern when collecting data on the psychological well-being of
the individual (Jarden, 2011). Positive psychology assessment tool was used to collect data from the respondents by allowing them to give their feedback through responding to the questions that aim at measuring different psychological aspects of an individual in the DASS21. The positive psychology assessment tool was therefore the guideline indicating the different or related aspects of psychosocial challenges facing PWDs as a result of the social exclusion they face.

3.10 RESEARCH PROCEDURES

The researcher followed a number of steps in the process of the study: The researcher, after going through the rehabilitation services offered to PWDs, came to a realization that psychological well-being was not included. This therefore brought about the need for the researcher to study the psychosocial challenges of the social exclusion facing PWDs in Kenya.

In order to understand the extent to which the topic of study is indeed a problem for PWDs, the researcher did a comprehensive review of literature to get foundational knowledge about the problem of study.

The knowledge gained through the review of literature guided the researcher in clarifying and narrowing the research project to studying psychosocial challenges facing PWDs in Kenya as the purpose of the study. This therefore informed the researcher that there is need to include mental health services in the services provided to PWDs during rehabilitation. The terms and concepts of the study were defined by the researcher to give a clear understanding of the major aspects that the study was going to tackle.

The group of focus by the study was PWDs registered with the NCPWD, this was made up of both males and females above the age 18 years. The study was participated in by PWDs who
are registered by the NCPWD, they participated by filling in the questionnaires and also responding to the DASS21 tool. This was done in summer 2018 and the data was collected using the emailing of questionnaires to the respondents.

Data was collected by sending the consent and confidentiality form to the respondents, after filling and sending them back, the researcher send them the questionnaires and later the debriefing forms after they sent back the completed questionnaires. The data was then analyzed using SPSS version 24. This was done by coding and interpreting results in tables and charts as well as doing descriptive analysis of the data.

3.11 PILOT STUDY

The researcher carried out a pilot study on 14 participants from the target group, the researcher made phone calls, took them through the contents of the questionnaire then sent the questionnaires for them to fill. This was done to ensure validity of the questionnaire.

3.12 VALIDITY AND RELIABILITY OF THE INSTRUMENT

The instruments that were used in this study were; the Positive Psychology Assessment tool for the qualitative research and a questionnaire for the quantitative research. The questionnaire was structured and it had three discussion questions to add to the background information. The questions were developed by the researcher to be answered by the study, these were;

1. Does exclusion of PWDs impact on their psychological health?

2. Are the psychosocial consequences related to disability or exclusion?

3. What are the possible solutions to the psychosocial consequences of exclusion facing PWDs
in Kenya? The respondents satisfactorily answered the questions, the tool ascertained its reliability and validity.

The Positive Psychological Assessment tool was developed by Dr. Aaron Jarden and published in 2011. It is an instrument used to measure well-being by assessing a wide variety of emotional and psychological aspects of an individual like; happiness, satisfaction with life, hope, positive and negative experience, depression, stress, anxiety, resilience, loneliness among others (Jarden 2011). The tool is in form of a questionnaire where the clinician administers to the client and the client answers the scaling questions according to their feelings in relation to the particular psychological aspect being assessed.

**RELIABILITY**

The Positive Psychology Assessment tool is made up 21 topics, the researcher will use one topic which is the Depression, Anxiety, and Stress Scale (DASS-21) made up of 21 items. The tool passed the test-retest Reliability where 78 items (picked from all the 21 topics) representing 89% showed significant reliability of Cronbach’s coefficients between 0.61 and 1.0. Ten items adding up to 11% had moderate reliability of coefficients between 0.41 and 0.60. In the measurements of internal consistency, five of the twenty total topic headings which were used added to 25%, showed coefficient alphas above 0.70, eleven of them representing 55% had coefficient alphas of between 0.50 and 0.69, two which added to 10% had alphas between 0.40 and 0.49, and two standing up for 10% had coefficient alphas under 0.25 (European Social Survey, 2012).

With regard to convergent validity, all items measured displayed strong validity with Spearman’s coefficients above 0.50. This was done on 15 out of the 21 topics covered by the tool.
For discriminant validity, one topic representing 11% returned a small correlation, six topics (67%) returned medium correlations, and two topics adding up to 22% returned strong correlations, therefore demonstrating variable validity of the tool (Coolican, 2014).

**VALIDITY**

The Positive Psychology Assessment tool, the Depression, Anxiety, and Stress Scale (DASS-21) is a set of three self-report scale used to measure emotional states of depression, anxiety and stress with 7 items in each of the three scales. The depression scale is used to assess for dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest or involvement, anhedonia and inertia. The anxiety scale assess autonomic arousal, skeletal muscle effect, situational anxiety as well as the subjective experience of anxiety. The stress scale assesses levels of chronic non-specific arousal. It also measures difficulty in relaxing, nervous arousal, being easily upset or agitated, irritability, over reactive and impatient. The patients use 4-point severity index and frequency scale for rating their extent of each state (depression, anxiety and stress) for the past week.

The scores for depression, anxiety and stress are calculated by adding up all the score for the relevant items as rated by the patient. The differences seen between depression, anxiety and stress that any normal subject or clinical populations indicates is basically the differences of degrees making it not directly implacable for allocating clients to a discrete diagnostic criteria by DSM or ICD (Lovibond & Lovibond, 1995). The recommended scores are labeled; Mild, Moderate and severe as follows:
Table 3.1 DASS21 Recommended scoring

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>0-9</td>
<td>0-7</td>
<td>0-14</td>
</tr>
<tr>
<td>Mild</td>
<td>10-13</td>
<td>8-9</td>
<td>15-18</td>
</tr>
<tr>
<td>Moderate</td>
<td>14-20</td>
<td>10-14</td>
<td>19-25</td>
</tr>
<tr>
<td>Severe</td>
<td>21-27</td>
<td>15-19</td>
<td>26-33</td>
</tr>
<tr>
<td>Extremely severe</td>
<td>28+</td>
<td>20+</td>
<td>34+</td>
</tr>
</tbody>
</table>

The Positive Psychology Assessment tool of measuring well-being has a validated well-being measurement. Convergent and discriminant validity of the tool has; Pemberton Happiness Index, seven-item depression sub-scale from the 21-items on Depression Anxiety Stress Scales, Satisfaction with Life Scale, Scale of Positive and Negative Experience, and the Strengths Use and Current Knowledge Scale. The assessment was done using Spearman’s correlation coefficients. Validity was ascertained according to Cohen’s theories on effect size, with a correlation coefficient of 0.50 or larger representing a strong correlation (Diener & Inglehart, 2012).

In conclusion, the results show that the Positive Psychology Assessment tool for measuring well-being is indeed reliable and valid in psychometric measurement tool for assessing wellbeing.

3.13 ADMINISTRATION OF THE INSTRUMENTS

The data collection instruments were used by the researcher directly to the target population which are PWDs registered with the NCPWD purposively sampled by the researcher. The positive psychology assessment was used by the researcher to make an orderly and organized flow of data collection to ensure that only relevant data needed to express the psychosocial consequences of
social exclusion facing PWDs. The researcher ensured the positive psychology assessment tool gives a clear pathway to help in the understanding of how PWDs experience a wide range of psychological aspects that could be signals for poor mental health and also to what extent they experience this.

The questionnaire developed from the research questions, was also used by the researcher during the data collection process to ensure that the respondents give only relevant and desired information. The questionnaire was structured in a way that the section that was aimed at getting the detailed psychosocial effects of exclusion was in form of open ended questions. The questions were developed according to the research questions. This was done with an aim of meeting the objectives of the study through answering the research questions.

3.14 ETHICAL CONSIDERATIONS

He researcher adhered with all the ethical considerations relevant to research. The areas of consideration included; Submission to Institutional Review Board, confidentiality, data storage, respect for the dignity of the participants, informed consent and debriefing.

3.14.1 Institutional Approval

The researcher presented a proposal to carry out this study to the campus Institutional Review Board (IRB) at United States International University-Africa. An approval to carry out the study was then granted after which the researcher proceeded to collect data (see Appendix 4). The researcher ensured to follow the rules set up by the National Commission for Science, Technology and Innovation (NACOSTI) to make sure that the study was carried out in accordance to the 2013 Act.
3.14.2 Confidentiality

Confidentiality in the study was upheld with utmost honesty and respect to the personal information shared by the respondents. The respondents were sent the consent form with detailed information about the aim of the study. This was to make them aware that the information they were going to share was to be treated with high confidentiality and was only to be used for academic purposes as per the contract of the researcher and the participants. There was also room for questions before proceeding to fill the questionnaires and indeed some participants were able to ask for clarification before filing in the questionnaire (see Appendix 2).

3.14.3 Storage of Data

The researcher has the data stored in a safe manner, the respondents will remain anonymous in the records of the researcher. The questionnaires and the consent forms are in a folder on the computer which will be permanently deleted after the IRB time span is over. The data that was analyzed using SPSS will be stored in the computer files for a period of time that the study will need to be reviewed or to follow-ups in case there will be need. The data that was analyzed to be presented for academic accreditation as the final report will be stored in bound document and will only be accessed by the people that the University gives permission to. These are the data protection policies that the researcher will apply to the study.

3.14.4 Respect for the dignity of the participants

The researcher ensured utmost respect to the dignity of the participants by employing integrity during the period and process of investigation. The researcher did this by ensuring that the participants are protected from any type of harm be it physical or psychological harm during the investigation. The possible risks that the participants were likely to go through was not
exceeding the challenges they face in their normal lives. These included aspects of asking the participants to give detailed information on their feelings during the Positive Psychology Assessment. The researcher, though, asked the respondents what they thought was going to be of risk to them during the period of reading through the consent forms that were sent to them. None of the participants reported foreseeing any possible risk.

3.14.5 Informed Consent

The study included only included adults of the legal age who are able to make independent decisions to take part in the study with due permission to discontinue at any stage. The study aimed only at studying human beings and not any non-human sample. On the other hand, the researcher made sure the respondents received each a consent form and the ones who sent back the questionnaires had to sign the consent form and send first or together with the questionnaire. This was done with the aim of giving them a clear understanding of the purpose of the study and their rights as participants during the whole process. The aspect of confidentiality as well as permission to discontinue with the participation in the study at any stage was strongly emphasized to the participants (see Appendix 2).

3.14.6 Debriefing

At the end of the data collection process, the researcher sent the debriefing form to each respondent who participated in the study. This was done with the reasons of making the participants understand why the study was relevant. At some point, during the Positive Psychology Assessment, the researcher had to take some time to do brief counseling to console them during the emotional moments when they were answering the questions in the DASS21 that evoked emotions (see Appendix 3).
3.15 DATA ANALYSIS METHOD

The researcher, after doing the first analysis of data which was the collection of the primary and secondary data needed for the study, used the SPSS software version 24 to analyze the data and also used descriptive methods to analyze the answers that were given to the open ended questions. The data was analyzed and presented in both tabular and explanation forms. The researcher ensured that the data that was analyzed answered the research questions hence reaching the objectives of the study. The SPSS analysis was done by entering the information from the questionnaire into the rows and columns in the software and interpreting it using the software. The researcher did this by putting each case on a row of itself, the data was then numbered including those that did not follow a categorical order. This was done by using variable labels on them. After coding the data in the rows according to the cases, the data was then generated into tables, graphs or pie chats that showed the distribution of the variables. The data was also translated and presented in a descriptive manner that included finding relationship of the data with the research questions and objectives of the study. The data was also interpreted in terms of demographic distributions of the respondents.

Qualitative data was analyzed using inferential method of grounded theory where by the researcher looked for possible hypotheses or themes that can come out of the data in line with the research questions and the objectives of the study. This was done by inducting ideas on concepts and elements of the psycho-social challenges towards PWDs that came out clearly and repeatedly. The researcher arrived at this by searching for the concepts and elements of psycho-social issues in the data that was collected from the respondents and the previous studies. This was done by using the research questions as directions for the identification of the text in the data that was needed to give answers that were aimed at reaching the objectives. Finally, the ideas were grouped
together and collecting the exhibit of the views of the different themes that reflected the research questions was done. The researcher did a comparison of the data that was collected, this is an inferential method that is used to determine whether there is any rate of progress or regress that can be presented to give a scope to improve the policies. The researcher did this by finding a relationship between improving inclusion of PWDs and managing psychological challenges. This was the exclusion faced by PWDs and the psychosocial challenges they are facing.

The researcher finalized the data analysis process by drawing a conclusive recommendation, judgment as well as giving different ideas concerning the way forward on how to improve psychological well-being of PWDs basing on the data to be collected, there was also room created for further research.

3.16 SUMMARY

The researcher carried out a study that combined both the qualitative and quantitative methods since there was use of both primary and secondary data. The researcher employed non probability sampling technique and use secondary data check method that is done by using the objectives of the study and the research questions to manage the collection of relevant data to the study.

Qualitative studies go hand in hand with secondary data and also non probability sampling which is mostly used in exploratory research and to generate qualitative data. The sample that is studied in the qualitative research does not necessarily need to be a representative of the population. This is determined by the type of purposive technique to be used. In a homogenous study, the sample units are picked basing on their having similar traits because the traits are of a certain particular interest to the researcher.
CHAPTER FOUR

RESULTS AND FINDINGS

4.1 INTRODUCTION

The study involved a small sample, the results of the study are not generalizations to PWDs in Kenya but the interpretations of the study can be done with a larger sample. However, the initial findings of the study make argument for the inclusion of PWDs in all spheres of life.

During the data collection process, the researcher used a structured questionnaire and a Positive Psychology Assessment tool (DASS21) to collect data from the respondents. The total number of participants in the study was 25 PWDs, 7 males and 18 females. Some 17 respondents participated in filling the questionnaires and all the 25 respondent to the DASS21. The 8 participants who did not fill in the questionnaires simply did not send back the questionnaires to the researcher but they all consented to participate in the study.

The data was collected from PWDs who are registered with the NCPWD. Questionnaires were sent to them after filling in the consent forms. This was done through emails to participants from across the country and the feedback was wired back to the researcher. The descriptive analysis of the data collected was organized in themes each capturing the objectives of the study which were put in question form to be the research questions.

4.2 Descriptive statistics from the questionnaire data

The rate of response of the study was positive, all the 25 respondents who were contacted participated in the study. The number of females was higher than that of males. There was 11
females and 6 males. Respondents who fell in the age bracket of above 31 years were the majority as compared to other age brackets. This is as shown in Table 4.1

Table 4.1 Age bracket of the respondents

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>3</td>
</tr>
<tr>
<td>26-31</td>
<td>6</td>
</tr>
<tr>
<td>above 31</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
</tr>
</tbody>
</table>

Those who were single made up a total of 52.9% while 35.3% were married and the remaining 11.8% were either, separated or informally staying with partners. This is as presented in Table 4.2

Table 4.2 Marital status of the respondents

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>9</td>
</tr>
<tr>
<td>married</td>
<td>6</td>
</tr>
<tr>
<td>any other</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
</tr>
</tbody>
</table>

About 40% of the respondents live with spouses, either legally married or informally staying together. Of the respondents, 30% stay with relatives either as dependents or providers, 25% stay alone and the rest 5% stay with friends. Where there was an option for “others” respondents indicated that they live with friends and guardians who are not relatives. This is as shown in Figure 4.3
Some 64.7%, 11 participants, were employed either in public or private sector and 35.3%, 6 participants, were self-employed. A percentage of 47.1%, 8 of the respondents had no children and the rest 52.9%, 9 had children varying from one to five children. The respondents with physical disability were the majority making up 82.4%, 14 in total. Those with hearing impairment made up 11.8%, 2 participants. None had a significant visual disability and 5.9%, 1 participant had other types which in this case was mental disability. All of the respondents had post-secondary school education as their level of education with varying vocational and professional trainings and all confirmed that in deed the exclusion facing PWDs cause poor psychological health.
4.4 FINDINGS OF THE STUDY

The results of the study were presented in themes capturing the objectives of the study as discussed below.

4.4.1 Objective 1: Research Question 1: Does exclusion of PWDs impact on their psychological health?

<table>
<thead>
<tr>
<th>BASIC THEMES</th>
<th>ORGANIZING THEMES</th>
<th>GLOBAL THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exclusion causes stress and paranoia</td>
<td>Participation in Social forums</td>
<td>Supportive Social Inclusion</td>
</tr>
<tr>
<td>2. Lack of socialization and interactions with peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Isolation leads to depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Lack of employment due to discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. We are not less human</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Lack of a social life leads to low self esteem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In summary, the respondents brought out that exclusion leads to PWDs becoming stressed and paranoid. Since humans are social beings, they have need for acceptance by social groups as a way of surviving despite any condition or status. Exclusion takes away the chance of PWDs growing as normal human beings, they end up lacking the experience of mingling and interacting with their peers as well as the entire community.
4.4.2 Objective 2: Research Question 2: Are the psychosocial consequences related to disability or exclusion?

<table>
<thead>
<tr>
<th>BASIC THEMES</th>
<th>ORGANIZING THEMES</th>
<th>GLOBAL THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Disability causes exclusion</td>
<td>Continuous awareness creation on importance of inclusion</td>
<td>Supporting care givers and including mental health in rehabilitation services</td>
</tr>
<tr>
<td>2. Poor mobility hinders inclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Exclusion compromises self-love</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Being judged and scrutinized leads to withdrawal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cultural practices victimize PWDs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Giving their account, participants emphasized that, when one feels excluded, it is mainly because something is hindering them from reaching out to people around them, and the disability is the hindrance here. This leads to PWDs isolating themselves, dislike people and are unable to control anger hence poor mental health. On the other hand, the psycho-social consequences are related to both the disabilities and the exclusion they may be related to the disability at the beginning but when one is accepted and integrated in the society one ends up having self-acceptance as a PWD.
### 4.4.3 Objective 3: Research Question 3: What are the possible solutions to the psychosocial consequences of exclusion facing PWDs in Kenya?

<table>
<thead>
<tr>
<th>BASIC THEMES</th>
<th>ORGANIZING THEMES</th>
<th>GLOBAL THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acceptance of disability</td>
<td>Removal of infrastructural barriers and finding out how</td>
<td>Wholistic inclusion and implementation of disability policies around the globe</td>
</tr>
<tr>
<td>paves way for integration</td>
<td>each type of disability experiences exclusion and</td>
<td></td>
</tr>
<tr>
<td>2. Sensitization and awareness</td>
<td>psychological challenges</td>
<td></td>
</tr>
<tr>
<td>3. We deserve equal treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Education, employment,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>social relationships are rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for all people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Use of technology to achieve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>inclusion in all areas of life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Psychological challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>are different in regards to the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>different types of disabilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Finally, the participants gave their views as, there is need for acceptance of disability as a normal occurrence within the society to enable integration of PWDs and their relatives/friends/accomplices within the societal framework. Removal of infrastructural barriers
by enabling access to physical facilities and service delivery to PWDs is necessary. Continuous sensitization and awareness on disability will result in managing stigma that is associated with disability. PWDs have a strong yearning of being integrated in the society without being looked at as different and also without being treated as less humans. Taking PWDs as they are and like any other person and showing the equal and humanly reasonable love and care is the first and most important thing.

4.5 FINDINGS OF THE POSITIVE PSYCHOLOGY ASSESSMENT TOOL: DASS21

The researcher involved all the 25 participants and assessed them using the Positive Psychology Assessment tool which the researcher aimed at using to measure Depression, Anxiety and Stress among PWDs. The rating scale of the DASS21 is as follows;

0- Did not apply to me at all
1- Applied to me to some degree, or some of the time
2- Applied to me to a considerable degree or a good part of the time
3- Applied to me very much or most of the time

The participants were made up of 7 male and 18 females. All the 25 respondents had past secondary school education. The researcher therefore carried out the DASS21 assessment in order to determine whether there is a relationship between the experiences of PWDs and their psychological well-being.

The respondents according to their gender is as shown in Table 4.4
<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

The participants recorded having experienced the feelings that suggested depression, anxiety and stress ranging from “not at all” to “most of the time”. These feelings included; finding it hard to wind down, dryness of the mouth, trembling, using a lot of nervous energy, down hearted and blue, intolerant with distractions, inability to become enthusiastic about anything, feeling worthless and feeling that life was meaningless. This translates that the feelings vary from individual to individual and from time to time since it was clear that as an individual experienced feeling down hearted some of the time, the same person recorded not feeling as though life was meaning at all.

The feelings of agitation, difficulty in relaxing, worrying about situations that could cause panic, reacting to situations, difficulty in working out initiative to do things and inability to experience positive feelings cut equally across all the four responses with each of then having individuals subscribing to. The aspect of irritability leads to one overreacting to situations, this was reported as shown in Figure 4.5
The respondents who did not have sources of income during the study recorded having most of the feelings ranging from most of the time, a good part of the time and sometimes as compared to those who had sources of income who reported not having most of the feelings at all. This can be attributed to the responses from the primary data where the participants claimed that disability and exclusion from social and economic factors expose one to feelings of rejection making the individual feel bitter and resentful due to the dependence on people. When PWDs are secluded from taking part in the society, they may end up being repulsive to people around them.
due to not being in a position to provide for themselves thus depending on people. This denies one from experiencing positive feelings in life as shown in Figure 4.6

**Figure 4.6 lack of positive feeling**

The experience of difficulty in breathing was not common in the feedback, the anxiety, stress and aspects of depression faced by PWDs could be persistent but not severe. The responses on the aspect of difficult having initiative to do things was spread all over the four scores. The different experiences at different points in life lead to different feelings all together. Being reactive and easily irritated is a common experience among many PWDs who experience emotional instability due to the exclusion as well as anxiety that comes with having a disability. This in the
end could be transferred into lacking initiative to do things as well as finding life to be less meaningful. The response to this spread along the four scores as shown in figure 4.7

**Figure 4.7 difficulty in having initiative to do things**

The test asked the respondents to pick on how much they felt they had nothing to look forward to and the participants who are not employed reported feeling this most of the time as compared to the rest. The feelings of agitation were common among all the respondents and this cut across all the four score lines. The hardship in relaxing was common among the un-employed, the ones who live with relatives as compared to the employed respondents who are independent. The same applied when the responded were asked to give their feeling about being down-hearted
and also about the feeling of worthlessness. When asked to give their feedback on how they felt worth as a person, the participants gave their feedback ranging from some of the time to most of the time as shown in Table 4.8

**Figure 4.8 feeling not worth much as a person**

4.7 SUMMARY

Human beings are social beings and therefore love being associated with others. PWDs are human beings too and their exclusion from the society could be damaging to their mental health and psychological well-being. Lack of motivation, having no long term goals in life due to lack of belonging is a killer to the future of PWDs. Lack of social experience and lock of access to necessary skills that can grow one's ability to expand on what they want in life is a hindrance to
the aspect of full existence. Depending on others on nearly everything even when there’s exploitation or just a complete disregard to one's well-being is so dehumanizing to PWDs. Inclusion in the society boosts an individual’s mental health condition by providing a chance to experience happiness, joy and satisfaction which in the end improves the self-concept of PWDs. People experience mental health challenges in different ways and so the impact on how you participate in activities and the community can range from low impact to severe impact. Socializing with other human beings is a healing mechanism in its own because there is therapy in talking.

Fear, rejection, mental anguish, resentment, losing hope in life lead to depression and suicidal tendency which is a silent reality among PWDs. Most PWDS lack a chance to be social mostly when they are young due to mobility or commutation as well as communication difficulties. There is nothing worse than feeling left out of the society within which one exists and is supposed to develop and flourish. This automatically leads to mental stress and always feeling isolated from the rest of the world and it is very sad that most PWDs do not notice that they are indeed in a mental health crisis. For children with disabilities, something small as being left out social and environmental trips is big enough to likely have big consequences of being isolated. And when there is no proper support system in place for accommodation of PWDs in such aspects of life then life with a disability begins making less sense at an early age.
CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Inclusion of PWDs should begin at a tender age once there is a realization that the child has a disability. Awareness and education on inclusion should be a continuous process for those who acquire disability later in life. When enough efforts are put in, then the child will grow up being integrated thus not feeling different or even left out of any activity in the society. The parents should be given full support to help them accept the child since this is a shocking experience to the parents when they get a child who has a disability from birth. Parents should make sure the home environment is accessible to the child who has a disability, they should also educate the siblings and neighborhood on accepting the child who has a disability.

5.2 SUMMARY OF THE STUDY’S KEY FINDINGS

The experiences of having low material resources and poor access to resources are the root causes of exclusion because this is the point where people are divided into groups leading to marginalization. The characteristics of exclusion do not end at the lack of access to materials. The effects that the lack of access to materials have to PWDs are seen to be left out of the question. The psychosocial consequences of exclusion facing like social anxiety, depression, and low self-esteem among others. These were the main areas of concern that the study covered. The data captured and brought out that depression is a psychological disease affecting the whole person in aspects like; their thoughts processes, feelings, behavior and actions as well as physical health.

PWDs go through a lot of pain that may not be exclusively as a result of their disability but rather the psychological challenges they experience from the exclusion they face. All these psychological challenges are as a result of the thoughts of the challenges they go through. The first
major challenge that any PWD go through, despite their type of disability is mobility, this is common and cuts across all spectrums of disability. The blind people are limited in mobility until they have someone to accompany them, the deaf are also limited unless they have a sign language interpreter and those with physical disability are also limited until they have mobility devices or people to help them move around. This brings a lot of frustration which takes a toll on their mental areas.

The study brought out that PWDs in general record a higher rate of stress, this comes up as a result of their disabilities as well as other social aspects of poverty, social exclusion, violence and all sorts of victimization and discrimination. The stress that PWDs experience has its roots in social exclusion and is fueled by a lot of factors including but not limited to; very low or no income at all, poor or no access to education, being less likely to get marriage partners, children or even to get jobs and less or no access to disability benefits in the society. The fear of what the future holds for them brings about anxiety which tends to be a daily experience growing into major and more negative mental health.

Challenges to the self-esteem of PWDs is a concern to be looked into, with low self-esteem, the human balance and vitality are affected majorly and the repercussions are felt on the efficacy, efficiency learning and creativity of PWDs. This leads to feelings of less than the rest of the people in the society. Then PWDs take up the guilt and feel that it is their fault to go through all these. On the other hand, PWDs tend to be filled with feelings of inadequacy, shyness, socially inhibited, poor independence, helplessness, masked hospitality in order to attract help, withdrawal from social interactions, complainers, tendency to downgrade others and self, reduced ability, accepting unfavorable assessment as accurate, vulnerability and finally interpersonal problems.
The lack of social interactions that denies PWDs adequate support systems hence no one to share with the struggles and no one to give them a helping hand. When PWDs are left in isolation, when they are seen as different from the rest of the people, this objectifies them leaving them vulnerable and easy prey for abuse, violence, assault, defilement and denial of their human rights. This is the foundation on which the anxiety, stress, depression and distress build on leading to poor psychological health for PWDs.

5.3.2 Objective 1 to find out how social exclusion impacts the psychological well-being of PWDs in Kenya

PWDs who are socially excluded are affected mentally, lack of access to education, employment and not having families of their own (spouses and children) leaves them with a feeling of not being accomplished. Women with disabilities experience this the most due to the double stigma of being women and having disability.

5.3.3 Objective 2, to find out whether the psychosocial consequences result from the impairments or from the exclusion

The psychosocial consequences is attached to both the disability and the exclusion of PWDs. Disability makes one feel different, this also limits an individual from living a fully independent life, this brings about dependence on people for help denying one a sense of dignity. Exclusion makes an individual lack a sense of belonging, this leads to isolation hence psychological instability.
5.3.4 Objective 3, to find out what can be done to combat the psychosocial effects of exclusion facing PWDs in Kenya

Realizing inclusion of PWDs needs collaboration among; PWDs themselves, their families, the Disabled people Organizations, the government, policy makers and all stakeholders charged with the responsibility of giving services to PWDs. There is need for the stakeholders involved in the disability mainstreaming to partner with PWDs themselves in order to understand what they go through and how they wish to be included in the society. PWDs themselves should spearhead inclusion by taking part in any social activity that they can participate in to share experiences and come up with ways of pushing for inclusion.

5.3 DISCUSSION OF RESULTS

The results of the study were arrived at after an analysis of the data that was gathered by the researcher from the respondents during the data collection process. One common factor that came up is that the psychosocial consequences of exclusion face PWDs both male and female of all ages. PWDs who are dependent are more affected as compared to those who are independent. Another aspect that came out clear is that the exclusion is the basis on which other forms of discrimination are based.

5.3.1 Review and Comparison of the Researcher’s Own Results with the Literature Review

Research question 1: Does exclusion of PWDs impact on their psychological health?

When PWDs are excluded, they end up with an added disability which is termed as psychosocial disability (Pallickal, Cherayi & Sadath, 2016). Psychological disability facing PWDs is critically disabling than even the impairments that PWDs have. The society as well as disability advocates don’t give enough attention to this type of disability. This negligence leads to exclusion
of PWDs from social-behavioral perspective, political representation and participation as well as economic independence (Stein, Silvers, Areheart & Pickering, 2014).

By the mere imagination of a possibility, collective representations, not getting a chance to take part in social activities and lack of interactions with people around them leaves PWDs with a perception and internalization of negative identity. In any experience of exclusion faced by any marginalized group of human beings, the raising outcome is automatically an inner non-dominant identity that encourages self-imposed and society-ascribed psychosocial disability through stigmatization and discrimination (Allman, 2013). The psychosocial disability coming from exclusion faced by PWDs leads them tend to restrict optimal use of both their individual and collective human agency to influence their environment. On the other hand, the society has a set perception towards PWDs which they may have accepted, internalized and assumed the marginal position ending up failing in self-expansion and communal expansion as well (Mattila & Papageorgiou, 2016).

All the factors and aspects named and discussed above leads to low self-esteem among PWDs, this brings in anxiety and fear of what the future holds for them. When these thoughts are constant, then stress and depression sets in making it clear that both disability and exclusion are major contributors to the psychological poor health of PWDs. The stress, anxiety, depression, distress, low self-esteem and others are the psychosocial consequences of social exclusion faced by PWDs in Kenya which this study aimed at bringing to light and finding out ways to combat them. The researcher referred to this as psychological disability which is characterized by factors like; poor self-concept, low self-esteem, negatively internalized identity, poor social integration and conflicts in social relations.
Research question 2: Are the psychosocial consequences related to disability or exclusion?

Disability is seen as a type of abnormality and the cultural remedy is to shun away from people who belong to any group of individuals who bear the “abnormal” tag. Most marriages break upon the birth of a child with a disability and this leads to mothers being left to raise the child alone. (Rosa et al, 2016). Lack of access to services and information meant for the public is a common experience of PWDs, this is exclusion as well since there are environmental factors hindering mobility as well as economic factors limiting affordability and lack of disability related training among the health care and other health care providers (Mushtaq & Akhouri, 2016).

Research question 3: What are the possible solutions to the psychosocial consequences of exclusion facing PWDs in Kenya?

In Kenya, the National Council for PWDs has a responsibility to ensure its representation in the implementation of the disability inclusion policies and this is to be done by implementing the Disability Act of 2003. (Disability Act, 2016). The public is not well educated on disability, this is caused by poor creation of awareness and also lack of continuous awareness creation. This leaves the society with an option of using cultural tags to brand disability and PWDs as well which in most cases leaves them to be seen as dependent and helpless individuals. In the long run, PWDs are left with a psychological battle that forces them into acceptance of the negative reception in the society.

Lack of proper education limits PWDs in engaging in careers, this results from poor access to schools and lack of support from families and communities. This subjects PWDs to settle for limiting their employability in professionals fields (Griffiths, 2016). Spirituality and religion is also used to discriminate against PWDs, disability is seen as a deformity that needs to be healed and without the healing then the individual is labeled as lacking faith. (Scheitle & Corcoran, 2017).
Kenya as a developing country has not given focus on ensuring that all people from different statuses move together towards achieving a common agenda. PWDs in Kenya go through numerous instances of social exclusion. These experiences take a toll on the psychological well-being of PWDs and a lot of these are not noticed as being risky to their psychological health.

PWDs are not well informed as the rest of the general population since there is lack of transmission of information in formats that are accessible to them like the blind and the deaf people. Reproductive health is an area of great pressure to PWDs especially Women with Disabilities. They face the double stigma of being women and having disability, they are in most cases ignored and seen as asexual. Lack of inclusion in the experience of forming relationships, having families and getting children, PWDs lack the experience of intimacy, giving and receiving love which is a natural human need (WHO & UNFPA, 2009).

5.4 CONCLUSIONS OF THE STUDY

The researcher was able to carry out a satisfactory study that met the set objectives. This was achieved by the answers that were given to the research questions both by the data that was collected. The data was then analyzed and the results that were obtained indeed met the objectives.

5.4.1 Objective 1

The first objective of the study was to find out how social exclusion impacts the psychological well-being of PWDs in Kenya. The study obtained this objective by coming analyzing the data that was collected. The results showed that PWDs who are excluded from the rest of the society tend to feel different, thus lowering their self-esteem and leaving them with stress, anxiety and they tend to act and react in bitter ways when relating with people. This affects their emotions and they are seen to be aggressive even when all that is needed at that particular
point is mere patience. PWDs feel rejection, they lack proper psychological help then they end up being bitter with life and they displace this to people around them. In conclusion, the exclusion facing PWDs has negative consequences on their psychological health.

5.4.2 Objective 2

Objective two of the study was to find out whether the psychosocial consequences result from the impairments or from the exclusion. The researcher was able to reach this objective by determining that the psychosocial consequences cut across both the impairment and the exclusion faced by PWDs. Being disabled is being different, and the expectation of the PWDs who are different in this is to get a way of fitting in the society in all areas and spheres of life. But the contrary is what PWDs go through. They are excluded because they have disabilities, because they cannot do things the same way other people do, because they are limited hence tend to need help to achieve some things in life. When the society fails to accommodate them and to make the facilities accessible, then their disability is seen as the basis of exclusion. On the other hand, the psychosocial consequences are attached to the exclusion they face. If they were accepted even with their disabilities, then they would not experience the psychological challenges they go through. PWDs who are not excluded do not go through any psychological battles. In conclusion, it is clear that both disability and exclusion play a role in exposing PWDs to psychosocial challenges.

5.4.3 Objective 3

The third objective of the study was to find out what can be done to combat the psychosocial effects of exclusion facing PWDs in Kenya. The data collected from the field pointed out a number of similar aspects. Need for PWDs themselves to claim their space in the society came out loud. The families of PWDs need to be at the forefront on the line of inclusion, they
need to accommodate the PWDs especially those who acquire disability at a younger age. This can be done by ensuring the home environment is accessible, education should be given to them in an equal way as the non-disabled siblings. The family should play a role in awareness creation. In learning institutions, there should be an integration approach to accommodate the learners with different types of disabilities. The government has a responsibility to ensure all citizens are treated equally, the body mandated to ensure inclusion should be active in paying its role and bring to book the institutions that happen not to cooperate. Therefore, inclusion is not just a task of the stakeholders and service providers but also PWDs themselves have a major role to play.

5.5 RECOMMENDATIONS

Recommendations are classified as Suggestions for Improvement and Suggestions for further Research

5.5.1 Persons with disabilities themselves and their families

PWDs themselves should get involved in any social activity within their reach, this includes forming support groups or social groups that can even be run on the internet. This opens a way of them sharing the challenges they face and giving each other options that can help in life as well as looking for assistance as a group which seems to be easier as compared to when one goes as an individual. There is a special therapeutic essence in social gatherings, chatting in general. PWDs need to invest a lot in groups where they be meeting fellow PWDs to talk. This exposes one to PWDs who have overcome similar challenges.
5.5.2 The government and Learning institutions

The government should include mental health in the health facilities and make these affordable, a child or any PWDs has an expensive lifestyle since they have more special needs in addition to the common needs that any person may be having.

There is also need to embrace integration rather than putting children with disabilities in institutions specifically meant for children with disabilities. Having all schools designed to accommodate learners with different abilities is the first step towards inclusion unlike having them secluded in special schools. PWDs should be offered good and quality education and to be encouraged and supported to maximize their capabilities. This will give them knowledge of how to push for proper integration into the community. The services that are less explored like counseling need to be included when economic empowerment, employment, engaging in business and other activities of rehabilitation are being discussed.

5.5.3 Disability advocates and Lobby organizations

There are important people in the lives of PWDs and these are the care givers, they need to have a support group to enable them get the basics on how to include psychological help in the assistance they give to the PWDs under their care. In Kenya, there is need for public awareness of the psycho-social consequences caused by exclusion facing PWDs. This will help the public to understand the damage caused to PWDs by the exclusion perpetuated on them by people around them. This should be aimed at the non-disabled members of the society.

People need to educated and also encouraged to talk about disability without stigmatizing the victims. PWDs should be treated equally in all opportunities at the disposal of any member of the society. This can be done by giving them fair chances to put their skills at use and also to test their
capabilities. Projects dedicated to giving PWDs opportunities that they will feel included in making an impact in the society.

Increased efforts to educate the general public about disability will help reduce stigma. All public spaces like schools, hospitals, hotels and so forth should be made accessible to people with disabilities. This will remove the barriers that PWDs experience while trying to access them. PWDs should also be included during the strategy planning stage of efforts towards inclusion.

5.5.4 Mental health fraternity

Disability counseling services should be provided in all public hospitals the same way HIV/AIDS counseling services are provided. Mass education and advocacy to create awareness and demystify common beliefs and myths about disability can help to eradicate exclusion. The Disabled People’s Organizations and agencies mandated with inclusion should push for the strict implementation of the Disability Act in totality so that PWDs can fully involve and participate in the mainstream political, social and economic activities in Kenya. The current problem lies with the piecemeal implementation of the Act, and ineffectiveness of the NCPWD which is supposed to ensure equal and equitable opportunities for PWDs.

Integrating PWDs into the mainstream society life through enhancing their involvement in the societal activities is key to inclusion. Other acts include sensitization on the psychosocial consequences of excluding PWDs. Capacity building for PWDs to become self-sufficient and independent is also important since it will add value in acquiring dignity, high self-esteem, self-worth and respect accorded to any human person.
5.6 SUGGESTIONS FOR IMPROVEMENT BY THE USERS OF THE FINDINGS

The researcher found some loop holes in the aspects of psychological well-being of PWDs in Kenya. The target users of the study need to do some improvements on their approach of issues concerning PWDs if inclusion needs to be realized. The practices that affect PWDs should be disability directed and not just the umbrella approach used for the general population. Mental health fraternity in Kenya need to take it as a matter of equal concern to include disability in the populations of the clients they have for therapy. They need to separate the common psychological challenges and the disability related psychological challenges and deal with them as separate entities. Social workers and disability advocates need to work in partnership so as to be able to separate the social challenges that PWDs as members of the society and those that they face as PWDs. Academic researchers need to carry out research on the psychological challenges facing PWDs in Kenya, there is very little research on the psychosocial consequences of PWDs in Kenya, the studies that are available in most cases are not in any way related to the psychological life of PWDs.

The mental health fraternity should not approach the psychosocial challenges facing PWDs as generally attached to disability or generally attached to exclusion. They need to know which ones are attached to disability and which ones are attached to exclusion and address them in different ways. Social workers and disability advocates should be in a position to take care of the problems facing PWDs in unique ways without using an umbrella approach. Academic researchers need to take it upon themselves to carry out extensive research on the disability as well as on the psychological disability each in a different way with clear approaches that will bring out results that will give clear guidance on what needs to be addressed by the social workers, the disability advocates and also the mental health fraternity. If we want to find out what can be done to combat
the psychosocial effects of exclusion facing PWDs in Kenya, we need to bring on board all the relevant stakeholders. PWDs themselves are the primary stakeholders in this case. Mental health fraternity should take up the roles that are supposed to be played by them, these are strictly mental or psychological therapy needed by PWDs.

Social workers and disability advocates on the other hand need to do all that is required of them and not combine all the disability issues and give them one approach. On the other hand, academic researchers are supposed to take upon themselves the leading role to carry out research on different types of disabilities separately and share the finding with bodies that are mandated with the specific action. In other words, each user of the findings should specialize in what is expected of them and not do the work that is supposed to be done by a different body. This will reduce confusion and lead to effective service delivery with experts in specific areas of the psychological health of PWDs.

5.7 SUGGESTION FOR FURTHER RESEARCH

Disability has for a long time been treated as an umbrella term to describe PWDs with different types of impairments without putting in mind that there are some aspects that are specific to certain types of disabilities and they don’t apply to others. In order to give proper, efficient and effective psychological services to PWDs in Kenya, there is need to consider the following as suggestions for further research.

- Carry out studies on a larger population of PWDs in order to come up with results that can be generalized to the entire disability fraternity in Kenya.
• Research should be gender specific, there are so many different psychological experiences that affect women with disabilities and not men with disabilities or even if they affect both women and men with disabilities then the effects differ according to gender.

• Different types of disabilities are faced with different types of psychological challenges or same psychological challenges in different ways. This therefore calls for research to be specific to different types of disabilities.

• Some factors that need to be looked into deeper when finding out the psychological challenges that face PWDs include but are not limited to; level of education, marital status, economic ability, whether they are in intimate relationships or not, whether they have children or not and so forth.

5.8 SUMMARY

The exclusion facing PWDs in Kenya is both self-imposed and societal instigated, they are excluded in all areas of life; education, employment, social, political, health just to name a few. The exclusion leaves them feeling rejected hence bringing up other psychological challenges like; stress, anxiety, depression and so forth. Rehabilitation of PWDs focus on the physical well-being in most cases without paying attention to the psychological rehabilitation. The aspects of psychosocial challenges are common among PWDs who are dependent on people as compared to those who are independent. The psychological consequences of exclusion are attached to both the disabilities and also on the exclusion they face. PWDs are treated different because they have disabilities, they do not access the resources in the society due to the social barriers that the society has placed that hinder them from having a sense of belonging. There is need to take actions if there is a desire to improve the psychological well-being of PWDs. This needs collaboration among
PWDs themselves, their families, the mental health fraternity, disability advocates and social workers. This will help to realize inclusion hence human dignity of PWDs.
References


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APPENDIX 1: QUESTIONNAIRE

Student Name: Truphosah Fridah Monah
Student Number: 649892

I, the above named, am carrying out a study on the topic: Psycho-Social Consequences of the Social Exclusion Facing Persons with Disabilities in Kenya. This is a purely academic work and the responses will be treated with utmost confidentiality, kindly feel free to give any information that will make the study a success.

Thank you in advance.

SECTION ONE: BACKGROUND INFORMATION

1. Gender
   a. Male ( ) b. Female ( )

2. Age bracket
   a. 20-25 [ ] b. 26-31 [ ] c. above 31[ ]

3. Marital status
   a. Single [ ] b. Married [ ] c. Separated [ ]

Any other ________________________________

4. Level of education
   a. Past high school ( ) b. high school ( )
b. Secondary school b. past secondary school ( )

5. Living With
   a. Alone [ ] b. Spouse [ ] c. Relative(s)
   Any other ______________________________

6. Occupation
   a. Employed [ ] b. Self-employed [ ] c. Not employed nor self-employed [ ]

7. Number of Children
   a. 0 [ ] b. 1-2 [ ] c. 3-5 [ ] d. Above 5 [ ]

8. Type of Disability
   a. Physical [ ] b. Visual [ ] c. Hearing [ ]
      Any other ______________________________

9. Cause of disability ______________________________

10. Age at which the disability was acquired _______________________

SECTION TWO: RESEARCH STUDY QUESTIONS

1. Does exclusion of PWDs impact on their psychological health?
   Explain briefly
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

2. Are the psychosocial consequences related to disability or exclusion?
   Give a brief explanation
3. What are the possible solutions to the psychosocial consequences of exclusion facing PWDs in Kenya?

Give a brief explanation

Any additional comment
TITLE OF STUDY

PSYCHO-SOCIAL CONSEQUENCES OF THE SOCIAL EXCLUSION FACING PERSONS WITH DISABILITIES IN KENYA

PRINCIPAL INVESTIGATOR

Name: Truphosah Fridah Monah
Department: Psychology
Phone: +254729926360
Email: tafmona2012@gmail.com

PURPOSE OF STUDY

This study will be carried out with a purpose of bringing to light the psycho-social consequences of social exclusion of Persons with Disabilities in Kenya. The researcher therefore looks forward to use the study to create an entry point of advocating for the inclusion of psychological therapy in the services provided to PWDs. The researcher will refer to the findings of the study to challenge relevant policy making bodies and disability service providers to appreciate the equal importance of mental health when serving PWDs.

STUDY PROCEDURES
The study will employ two procedures, the use of structured questionnaire and use of the positive psychology assessment tool (DASS21). The researcher will take time to clarify to the respondents about the questions in the interview guide. The respondents will give responses in the questionnaire. In case of any additional aspect to the procedures, there will be prior communication.

RISKS

Due to the different levels of education and trust, the researcher feels like the respondents may not be able to fully give the information. The other risk is the privacy of the whole issue surrounding mental wellness, the respondents may shy away from giving detailed feedback or information from their personal experiences. The respondents are therefore free not to answer all questions or to willingly withdraw from the study.

BENEFITS

Study will be beneficial in that, the mental health fraternity, disability rights’ activists and social workers may borrow ideas on how to advocate for the inclusion of mental wellness in the service provision to PWDs. The respondents will be allowed to ask questions during the study and this will help them to understand their mental well-being.

CONFIDENTIALITY

The respondents to this study will remain anonymous unless the researcher is obliged to give out the information in case of any legal action that may require the information to be given out.

CONTACT INFORMATION

In case the respondents may have any questions for clarification during the study, they will be free to contact the researcher in the process of the study.
VOLUNTARY PARTICIPATION

The participants in this study are doing so on a voluntary basis so there is full freedom of whether to participate or not. If the respondents are willing to participate, then they will be required to sign this consent form. This allows the participants to withdraw from the study at any point with or without giving a reason, and the action will not affect the relationship with the researcher.

CONSENT

If the respondent has read and understood the consent form and asked any question for clarification, then they will be required to sign and get a copy of the consent form.

Participant’s signature_______________________ Date_______________________

Investigator’s signature_______________________ Date_______________________
Project Title: Psycho-social Consequences of The Social Exclusion Facing Persons with Disabilities in Kenya.

Persons with disabilities in Kenya go through social exclusion that is seen to be as a result of their impairments in most cases. Besides this exclusion denying them a chance to participate in the societal activities, it has a great negative impact on their psychological well-being. Examples are; stress, anxiety, depression, poor social connectedness, distress, vulnerability to abuse and violence among others. These come with the aspect of isolation and the un-fulfilled desire for belonging.

In this study, the researcher wanted to find out the psycho-social consequences of the exclusion facing persons with disabilities and also to distinguish whether the psychological challenges are purely due to the exclusion or are also related to the disability itself. In order to arrive at this, the researcher developed an interview guide with questions that the respondents were expected to answer as well as a Depression Anxiety and Stress Scale to use in the study to assess the presence of psycho-social challenges. In the interview guide the researcher wanted to find out the presence of the psycho-social challenges and in the DASS-21 tool the researcher looked forward to see the level of the psychological challenges.
The researcher predicted that the respondents will attach the psycho-social challenges to the exclusion more than their impairments. Therefore, participants were expected to rate exclusion as the highest cause of the psycho-social challenges facing persons with disabilities.

If you have any question for clarification or any comment, please you are free to ask me at this stage. In case of any further questions on this topic, please contact my supervisor Dr. Michelle Karume at mkarume@usiu.ac.ke.

Since there is a high likelihood of other people participating in this study, please do not share among the sampled respondents about this study.

If you wish to read more on this topic of study, go to the different journals of psychology or APA website.

Thank You for taking part in this study.

Truphosah Fridah Monah

Sign:________________